The Public Health Nurse

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Report of Six Months Study of the N.O.P.H.N.

By Mary S. Gardner, R.N.

Normal Growth as a Public Health Concept

By Arnold Gesell, M.D.

The PUBLIC HEALTH NURSE

Official Organ of The National Organization for Public Health Nursing

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EDITORIAL

As must be the case in all unique and yet human events there will be many and various opinions as to the American Health Congress in Atlantic City—its significance, its value, and its present and future influence. The general impression seems to be that not only was the Congress what is popularly known as a "success," but that all the effort, all the wisdom and all the experience that was poured into it from many sources produced an occasion of widespread importance, one which indicated most hopefully the unity of purpose and ideal which we believe characterizes the aims and work of the so-called health organizations meeting together for the first time in our American history. It is true, as Dr. George E. Vincent said (in much more picturesque words) that nurses seemed to preponderate. Nevertheless there was an imposing showing of other leaders in the health field, and the nurse group has, we believe, some reason to think that the men and women engaged in other branches of health work had, for perhaps the first time, a vision or let us say at least a bird's eye observation of that profession which is, as two of the speakers remarked, "the keystone" and "the perfect instrument" of public health work.

There is no doubt that the official program, providing as it did in the sessions of the thirteen participating organizations, the cream of the stored knowledge and experience of each, was bewildering in the choice offered to occupy the hours from nine to midnight of a mere week, and that this crowded program made impossible those "contacts" so dear to the hearts of those whose jobs keep them more or less at home. On the other hand, the very wealth of opportunities made for a stimulus and enthusiasm which our usual restricted meetings could not supply.

For the members of the N.O.P.H.N. this meeting—the second held in Atlantic City—had a special significance. The organization was formed in 1912, and in July, 1913, held its first meeting in Atlantic City, characterized, as Florence Patterson wrote in THE PUBLIC HEALTH NURSE of that date, "by that fine enthusiasm and almost religious fervor such as is experienced only in great social reform movements of universal importance." If those inexorable factors, time and space, permitted, it would be interesting and certainly instructive to trace the march of events and progress through which we came again, thirteen years later, to Atlantic City as a member organization of the National Health Council participating in the first National Health Congress. Miss Wald's prophetic words in 1913 might well have come back to our minds—"This first conference of a national organization of nurses engaged in public health work is a twentieth century aspect of an old profession. Society needs the trained nurse, and needs her inspired; needs her well trained, with such a training as was not conceived of before, except perhaps in the master mind of Florence Nightingale."

Last year at the meeting of the International Council of Nurses in Helsingfors we discovered a new sense of international professional unity. This year we have seen and known a

national and international unity with other groups older and younger than ourselves, all engaged in making, so far as our finite efforts can accomplish it, this amazing, mysterious, provocative world in which we live a happier place for future generations. We do not think that in 1913, great as were the hopes of the new-born N.O.P.H.N., a meeting and the results of such a meeting as we have just had could have been prophesied. An "international health alliance" is bigger even than it sounds.

Getting away from crowding details and thinking of the sweep of a great movement, what were the impressive landmarks?

Recognition of the sense of unity of purpose of which we have spoken.

The questions raised by Dr. Lee K. Frankel as to the future of the National Health Council—whether "the time has come to think of a larger and broader national health association" and the "terms" in which we should then think. These questions are of course of equal importance to us as to the other members of the Council and equally affect a hypothetical future. Our readers will have an opportunity to read Dr. Frankel's paper in the forthcoming volume of papers of the General Sessions to be published by the National Health Council.

The General Sessions—bringing together personalities and viewpoints of the widest scope, impossible in meetings of more narrowed interests. Perhaps one of the most inspiring of all the sessions was that on International Health Work, at which Dr. Alice Hamilton presented with such fervor the remarkable remedial and preventive work carried on in all parts of the world by the Health Committee of the League of Nations, "one of the greatest contributions towards the healing of the wounds of the great war." Dr. René Sand completed for us with a special grace and wit the picture of international health collaboration, while Dr. George E. Vincent, through a smoke barrage of caustic humor, conveyed inimitably to the audience his conception of a great world organization, bringing with it a new vision of all humanity bound together in a great and common cause.

Noticeable among special health activities in this Congress was mental hygiene, running like a strong thread through the warp and woof of all projects and programs. The round table conferences planned by the National Committee for Mental Hygiene on the backward and the problem child, on problems of adolescence and in community problems proved of great value to public health nurses.

From any combination of interests—however engrossing—it is inevitable that each one of us must return to our special field of activity.

From the point of view of our own organization the high lights of this biennial meeting seem to be:

First, the presentation of Miss Gardner's report of her six months' study of the N.O.P.H.N., regarded by the Board of Directors as the great achievement of these two years. This masterly report which with perfect fearlessness, understanding, and discrimination has opened up the critical questions that have faced us for some years, and has presented them so fairly and logically that no one can be afraid to face them, has accomplished two things. It presents to our members and our critics an exact picture of our failings as well as our achievements, and makes reasonable suggestions for future guidance. It offers, we believe, convincing proof of the essential strength of our organization, that after the many and difficult trials of strength and endurance we have passed through we have still been able to maintain our balance.

Second, the remarkable demonstration at this meeting of the interest, support and energy of the lay members. That wave of enthusiasm and zeal which swept the nurse group at the meeting in 1913 once again made itself felt in the group of lay members. There was evident at this meeting, perhaps more strongly than at any previous one, a spontaneous sense of teamwork and family solidarity between the nurses and the lay members. Families,

as most of us have experienced, are not continuously harmonious, but their common interests and ideals make for strong ties. In this case, where both groups have community service as their common aim, a bond peculiarly strong is the result. The resolution adopted by the lay group and presented at the meeting marked, as Miss Fox said, "an epoch in our development."

The meeting at which Miss Mary A. Clark and others presented the significant facts of the census of public health nurses in the United States was evidently a drawing card. The findings of the census, as brought out by the speakers, have already acted as a tonic and stimulant in several localities.

The joint evening session with the addresses of the presidents of the three national nurses' associations, and the national director of the American Red Cross Nursing Service was a notable event for the nursing group, especially as we were honored by the presence on the stage of representative nurses from a number of other countries. The stirring address of our own president, "How Shall We use Our Opportunities," was given with the dignity, simplicity and vision which have made the five years' service Miss Fox has given our organization so fruitful for us all. We quote five words which each one of us can herself elaborate, "What matchless opportunity we have."

Mlle. Alexandra Romanoff asks us to convey through the pages of the magazine her own gratitude and that of the Russian nurses whose most pressing needs were helped by the contributions which came to us following the appeal printed in our January number. Small though the sum was in dollars, it represented 14,682 francs. Mlle. Romanoff writes, "It gives me the possibility to help some of the most urgent cases and it is such a feeling of security when you know those who want help will not be refused."

It is inevitable that many of these expatriates, who, as we wrote last January, are, so far as we know, the only body of nurses in the world vitally needing care, comfort and sympathetic help, without the possibility of finding it among their own, must continue in need indefinitely because of old age and sickness. The fund is not closed. We will be glad to receive contributions, however small, for these our sister nurses.

Our membership wants information on legislation which concerns their plans and work. The Child Labor Amendment is discussed on page 391. As we go to press we receive this information on the proposed extension of the Maternity and Infancy Act:

Congress is still in session. The proposed extension of the Act (H.R. 7555) is on the Senate calendar with a vote before adjournment uncertain. The Shappard-Towner Act became a law in November, 1921. While the Act is permanent legislation the appropriation was for a five-year period which expires June 30, 1927. The Secretary of Labor with the approval of the President recommended a two-year extension this session. In the House, hearings were held before the Committee on Interstate and Foreign Commerce, the bill was reported favorably and was passed on April 5 by a vote of 218 for to 44 against. On June 15 a motion to proceed to the consideration of the House bill showed that the lineup of the Senate on the proposed two-year extension was 51 for and 18 against. No change so far in the status of affairs has taken place. If the bill does not come to a vote this session it will not be necessary to begin all over again next December. It remains on the calendar and a vote can be taken at any time after the Senate reassembles.

It is to be hoped that if action is not taken at this session, Senators will return from their homes in December with a full understanding of the work being done in their states. Decision as to the extension should be based on knowledge of what this five-year experience has shown.

REPORT OF SIX MONTHS STUDY OF THE N.O.P.H.N.

By Mary S. Gardner, R.N., A.M.
Director, Providence District Nursing Association, Providence, Rhode Island

A study of the National Organization for Public Health Nursing, its functions and relationships has been deemed advisable by its President and Board of Directors and in the autumn of 1925 such a study was undertaken.

PURPOSE OF STUDY

1. To determine the value of the work of the N.O.P.H.N. in the light of
   a. Its contribution to the cause of public health nursing as a whole.
   b. Its contribution to local organizations and individual nurses.
2. To determine whether activities now being carried on are necessary, and whether if necessary, they could be cared for by other agencies, either national, state, or local.
3. To determine whether other fields of work not now entered upon are more important than those at present engaging the attention of the organization.
4. To evaluate if possible the activities of the organization in the light of actual accomplishment.
5. To consider the future legitimate place for public health nursing in the general scheme of national health and nursing work.

METHOD OF STUDY

Exhaustive reading of past and current files including departmental correspondence, field secretary's reports, regional conference reports, reports of special studies, routine monthly reports, daily correspondence, etc., etc.

Special conferences with each member of the staff, staff meetings and such general intercourse with the staff as could be gained by one week a month, covering a period of six months spent at the office of the organization at 370 Seventh Avenue.

Personal conference with leading men and women interested in the question of national organization, among whom were:

Mr. Allen Burns, American Association for Community Organization
Mr. Homer N. Calver, American Public Health Association
Miss Ella P. Crandall, Formerly Executive Secretary of the N.O.P.H.N.
Mr. Courtenay Dinwiddie, Demonstration Department of the Commonwealth Fund
Dr. Haven Emerson, Columbia University
Dr. Lee K. Frankel, Metropolitan Life Insurance Company
Mr. William Hodson, American Association of Social Workers
Miss Florence M. Patterson, Community Health Association, Boston
Dr. William F. Snow, American Social Hygiene Association
Miss Anne A. Stevens, Formerly Director of the N.O.P.H.N.
Dr. Frankwood Williams, National Committee for Mental Hygiene
Dr. Linsly Williams, National Tuberculosis Association

Correspondence with nurses from various parts of the country, selected because of geographical distribution, among whom were:*

Miss Naomi Deutsch, Visiting Nurse Association, San Francisco, California
Miss Julia George, Juvenile Protective Association, San Francisco, California
Miss Ada Taylor Graham, Bureau Child Hygiene and Public Health Nursing, State Board of Health, Columbia, S. C.
Mrs. Anne L. Hansen, District Nursing Association, Buffalo, N. Y.
Miss Rosalind MacKay, Oklahoma City Public Health Nursing Association, Oklahoma City, Okla.

* A few other nurses were written to, but, owing to illness or because of other reasons, failed to respond.

Miss Edith L. Soule, Nursing Department, Maine State Department of Health
Miss Elnora E. Thomson, Nursing Service, Marion County Child Health Demonstration, Salem, Oregon
Miss Elizabeth Van Patten, Visiting Nurse Association, New Haven, Connecticut
Mrs. Elsbeth Vaughan, Nursing Service, American Red Cross, St. Louis, Missouri

Comparison of the make up, sources of support and functions of other national agencies.

The study has naturally divided itself into two parts, that pertaining to the actual work of the Organization as it now functions and that pertaining to the broader question of the place of public health nursing among national agencies.

BRIEF HISTORY

The National Organization for Public Health Nursing owes its existence to the American Nurses' Association and the League of Nursing Education, a joint committee from these two bodies having brought to the annual nursing convention of 1912 recommendation that a new organization be formed, the object of which should be the stimulation and standardization of public health nursing and the furtherance of coöperation between those interested in public health nursing measures. The organization is perhaps somewhat unique among health agencies in that it was founded by a single professional group, yet with community service as a primary object. Though provision for lay membership was early felt to be desirable and lay men and women were admitted to membership, yet owing to the strong professional character of the organization, the non-nurse group has always been a more or less subsidiary one, and the weight of responsibility as well as the balance of power has rested with the nurses.

The history of the organization has, from the start, been one of rapid growth and development. To summarize broadly, there may perhaps be said to have been three more or less distinct phases of activity, each reflecting the evolution of public health nursing in the local field.

The first period was one of stimulation when the principal work of the organization was an effort to impress on the national health agencies and on local communities the use and value of the nurse as a factor in health work.

The second period, represented by the war years, was one also of stimulation, but the objective was a comprehension by the country that the public health nurse's place in the national war health program was as important as that of the army nurse.

The third period, entered into as a direct result of the two preceding periods, was essentially an educational one when emphasis was particularly placed on the preparation of the public health nurse for her work.

It must not be imagined from the foregoing that the outlines of these periods have been sharply defined or that the activity principally emphasized in any one of them is completed. In all periods there has been constant development and improvement of standards, education, and coöperation with other agencies, and above all in the increase of direct community service, the latter being the function which places the N.O.P.H.N. among the service organizations of the country.

It is always more difficult to analyze a current period than one that is past, and it must be remembered that in a country the size of the United States, development in any field of progressive effort is bound to be extremely uneven. While the communities of one part of the country can claim a fairly adequate supply of well-prepared and supervised nurses, those of another are but just taking their first steps. Indeed in twenty-seven of the states, half of the counties have as yet no public health nursing service at all. A national organization, therefore, in this country is not unlike the parent of a large family who must be prepared to meet the needs of the grown children while at the same time attending to the wants of the last baby. Perhaps, however, if any one particular emphasis will later be found to have characterized the present period it will be that laid upon

the effort to understand and properly to arrange the various relationships of the N.O.P.H.N. toward its membership, the communities in which it serves, the states, other national nursing, health, and social groups.

PRESENT SET UP OF THE N.O.P.H.N.

STAFF

Director
Associate Director
Assistant Director (A.C.H.A. Funds)
Vocational Secretary
Educational Secretary (Position open)
Field Secretary
Secretary for School Nursing (American Child Health Association Funds)
Financial Secretary
Statistician
Editor
Assistant Editor (part time)
Office Manager
Secretaries and Stenographers

DEPARTMENTS

Magazine Department (THE PUBLIC HEALTH NURSE)

Purpose. To serve lay and professional groups and individuals interested in any form of public health nursing.

Cost. (As estimated for 1926) less earnings and on present basis of gift with membership. $11,000.00. This figure can probably be only slightly reduced without serious injury to the value of the magazine. The question of payment for the magazine will come up at the biennial convention.

The magazine is at present given with membership to the organization. Its circulation to members is approximately 5,000, to non-members, 600. Its greatest circulation is among nurses.

The magazine, I think, serves its purpose excellently, not only bringing to those interested in public health nursing helpful information on the various phases of the subject, but through its special departments offering opportunity for exchange of ideas and methods. It also acts as the mouthpiece of the organization and serves as a medium through which the results of special studies, such as that on the census, may be given publicity. It has for some years not only closely followed advanced thought in the public health nursing field but in more than one instance has led such thought, crystallizing in its pages what would otherwise have remained in a nebulous and therefore unuseful state.

Vocational and Placement Department

Purpose. To provide vocational guidance to nurses seeking better to fit themselves for their work. To place in the hands of inquiring organizations such information regarding qualified nurses as will enable them to secure the nurses they require. To bring to the attention of nurses registered with the department such positions as they may be fitted to fill. To arrange observation itineraries for foreign students and American nurses desiring such assistance.

Cost. (As estimated for 1926) $9,000.00. (Possibility of reduction of a few hundred dollars without serious injury to the work.) This department is exceedingly valuable not only to the nurses whom it serves but to the communities which find through it nurses qualified for their work. If the first stages of development of the N.O.P.H.N. consisted in the stimulation of communities to the need of public health nursing and the second stages in the promotion of the education of the public health nurse, it would seem quite reasonable that a third stage should make provision for bringing the stimulated community and the educated nurse together through a placement bureau. On the whole it is easier for a nurse to find a suitable position than for a community to secure a suitable nurse. In this the public health nursing field differs somewhat from other industrial fields in that the demand still exceeds the supply.

Educational Department

Purpose. To study the question of public health nursing education; to promote its standardization; to offer through its educational secretary such assistance in solving individual educational problems as may be asked for by universities, training schools, nurs-

ing organizations, or others engaged in the education of the public health nurse.

This department has already done a notable piece of work in that through its efforts standardization of the various post-graduate courses offered throughout the country has been brought about. The department has been without a secretary during the winter and, owing to the fact that it has an extremely strong and able voluntary committee, it is perhaps at a stage of development in which it could function for a year, possibly two, without one, were it not for the fact that a question vitally affecting public health nursing education is at present being considered by the National League of Nursing Education, that is, the question of undergraduate training in public health nursing and the affiliation of hospital training schools with local nursing organizations for field training. It is a bad moment for the activities of this department to be curtailed, for the N.O.P.H.N. should be in a position to make such a study of the problem as will materially aid the League in its efforts to arrive at a true understanding of the situation.

Nursing Division of the American Child Health Association

The American Child Health Association instead of establishing a separate nursing service of its own, uses the N.O.P.H.N. as its nursing division.

Purpose. To study the field of Child Health from the prenatal through school age and to provide expert advice by means of consultation, correspondence and the visits of field secretaries to those requiring and requesting assistance.

Cost. (As estimated for 1926 and as paid by the American Child Health Association.) $14,500. This sum provides for the Assistant Director of the N.O.P.H.N. who carries the work of the prenatal, maternity, and preschool field, and for a Secretary for School Nursing who has her office with the A.C.H.A. because the work of the school nurse is so closely tied up with the work of the school teacher. This closer association helps to interpret more clearly the work of the N.O.P.H.N. because of the close contact.

However, the whole staff of the N.O.P.H.N. is in reality the Nursing Division of the A.C.H.A. and is called upon to work in the field of Child Health. The plan seems to be working well though certain financial adjustments still remain to be satisfactorily worked out, as will be mentioned later in connection with the possible establishment of other such affiliations.

Statistical Department

Purpose. To secure and tabulate such statistical information as will conduce to the better understanding and performance of public health nursing work and to disseminate the information secured so as to make it of practical value to local communities.

Cost. (As estimated for 1926.) $4,875.00.

This department functions steadily in tabulating and disseminating information. It has also gathered information for special studies, most important among them the census of public health nurses in the United States, which, together with the facts connected with their distribution, the type of work done by them and the form of organization under which they work, forms a basis of knowledge invaluable to the progress of the public health nursing movement.

This fact-finding department is I believe of the greatest possible value to the organization, and is indeed a necessity, if intelligent programs of work are to be framed.

Financial Study

The above concludes the list of permanent departments but there is in addition a temporary department, organized in November, 1924, to make a three years study of the best method of securing permanent financial support for the organization. This department is financed by a special fund given for its maintenance. An extremely valuable piece of work is I believe being done by the secretary of the department through her effort to establish the so-

called percentage plan whereby support for the national organization will be provided by the local community organizations through a 1 per cent appropriation of their expenditures for the purpose.

Other Activities

Other activities not falling within the scope of any department are carried by the Director and her assistant. The N.O.P.H.N. together with the other national health agencies at 370 Seventh Avenue also has a part in the maintenance of the National Health Library. This library service provides bibliographies and reading lists on health subjects and offers loan package libraries of selected current pamphlets, beside performing the usual functions of a specialized library. The N.O.P.H.N. also carries on a common accounting and mailing department with the other national agencies at 370 Seventh Avenue.

FURTHER ORGANIZATION

Branches

In addition to the machinery set up at headquarters there is very definite affiliation with state organizations in fourteen of the states where branches of the N.O.P.H.N. have been formed. These have national representation through their presidents, who become *ex officio* members of the National Board of Directors. For the past two years there has been a special secretary, whose time has been largely spent in the field assisting in the formation of new branches and in giving aid and advice to those already formed. The advantages and dangers of branch formation have been given careful study.

Voluntary state nursing groups are of three types:

First. Unrelated groups such as public health nurses' clubs or societies,
Second. Sections of the American Nurses' Association,
Third. Branches of the N.O.P.H.N.

The relative desirability of the two latter types of organization is dependent on local state conditions. In some states the general nursing situation would be disrupted and weakened by a separation of the public health nursing group from the other nurses of the state through the formation of a N.O.P.H.N. Branch. In other states no such situation exists and the public health nursing group has been greatly strengthened by the formation of a Branch. From the point of view of the national organization itself the State Branch is undoubtedly strengthening and would form an easy medium of decentralization of effort if a greater decentralization were considered desirable.

Sections

There are four Sections of the Organization:

Child Welfare Section
School Nursing Section
Tuberculosis Nursing Section
Industrial Nursing Section

The object of these sections is to provide opportunity for those interested in these particular phases of public health nursing to consider their common problems and to make such recommendation to the board of directors as may seem to them desirable. The sections also provide a means whereby special committees may be appointed to study and report upon selected subjects.

The sections as actually developed have never been particularly active; they do, however, function.*

Standing Committees

The organization is served by the following standing committees, the names of which are self-explanatory:

Education Committee
Membership Committee
Publications Committee
Finance Committee
Eligibility Committee
Vocational Committee

These committees, which act in an advisory capacity to the Board of Di-

* At the Biennial Convention (1926) the Child Welfare Section was discontinued, because provision for its activities has been made otherwise.

rectors regarding the affairs of the various activities which they represent, are very active and do extremely valuable work, some of course to a greater degree than others, but all functioning and all serving the purpose for which they were created.

STATUS, SCOPE AND POSSIBILITIES OF THE N.O.P.H.N.

This then is the N.O.P.H.N. as it now functions. The program of work would seem to be sound, and the methods employed for its achievement on the whole satisfactory, though the N.O.P.H.N. like every other organization confronted with a constant demand beyond the possibility of accomplishment by a limited staff has too often yielded to the temptation to attempt more than can be either done well or finished with the degree of promptness which the task requires. The correspondence files reveal the fact that the usefulness of the organization is not geographically or otherwise limited but that it is used in all parts of the country, by nurses working alone as well as by representatives of large staffs, and by local organizations of every type—large and small, publicly controlled and privately controlled. It also serves in a measure the foreign field. In addition, the organization takes its place among other national agencies, sharing with them such responsibilities as are common to all.

Financial Situation and Possible Amalgamation

Present Income. The financial situation of the National Organization for Public Health Nursing is not so satisfactory. In spite of the continued efforts of the various boards of directors and finance committees to which the organization has intrusted its affairs, no plan of support has yet been evolved which at all keeps pace with the apparently legitimate demands made upon the organization for service. (The new percentage plan, though promising, has not been in operation long enough to secure results.)

During the war, at the moment of greatest need, a generous and deeply interested member came forward and made financially possible the war work which proved so invaluable to the whole cause of public health nursing. Since then this generous assistance has been continued, and at the present moment 20 per cent of the total income of the organization is derived from this single source. That this is not a sound or desirable policy for any national agency this giver, as well as the Board of Directors well knows, and perhaps the most valuable, among the many valuable services she has rendered the organization is the three year financial study for which she secured the special fund and which is resulting in the percentage plan of support already spoken of.

There is also a temporary cause for financial anxiety in the existence of a debt. This is, however, being paid off and will not long continue to be a source of distress.

Financial Problems. Because of the financial problem faced by the organization and because a wise thrift and the development of earning capacity are good in themselves, because also plans for coördination and amalgamation sometimes solve other difficulties beside those merely of support, an effort was made in the study of each department to determine three things, namely:

Whether a greater economy was possible,
Whether through any of them the organization could expect to increase its earning capacity,
Whether amalgamation with some other agency might secure better or more economical results for any part of the work.

Before the study was really begun the expense of the accounting system was materially reduced as was also the expense to the organization of the use of the National Health Library, both without serious curtailment of efficiency and privilege. Plans were made that the general field service and the work of the educational secretary should be carried by one person instead of by two people as heretofore. Slight changes were made in the record methods of the Vocational Department tending toward economy and only

slightly affecting efficiency. For the magazine a cheaper grade of paper will be used with the reduction of a few pages in the size of each issue. Further than this I believe it is impossible to go without actually closing a department. And if this were done the only department which could be closed without crippling the work of all the others would be the Vocational Department.

The question of increasing the earning capacity of the organization is a somewhat complex one. The three channels through which such an income could be derived are as follows:

First. Through a charge to local agencies for the services of field secretaries.
Second. Through the establishment of a fee system for the Placement Bureau.
Third. Through a separation of the magazine from the membership and an annual charge for subscription.

Field Service. Were a charge to be made for all individual work done for local agencies there is little doubt that many of the communities now served by the N.O.P.H.N. would not apply for help, partly because they could not afford to pay for it and partly because they would not recognize its financial value. I believe, however, that if the member organizations could be brought to look upon their membership dues more or less in the light of a retaining fee, securing for them the permanency of a national organization on which they could call in time of need, many of them would be willing to pay for the requested visits of a field secretary to help them to solve a special problem or meet a special difficulty.

Fee System for Placement. The development of earning capacity by the Placement Bureau through the establishment of a fee system is a somewhat simpler matter, for there is ample precedent for this, and though a professional placement bureau, professionally run, cannot be expected to be fully self-supporting, because its work is coöperative rather than competitive, and because it must refuse always to make placements that are not to the best interests of the communities, nevertheless a substantial sum could undoubtedly be legitimately earned in this way. After months of thought and consultation your Board of Directors has decided to place the bureau on a fee basis charging the fee usual for such service in professional bureaus, namely, the first week's salary, the new plan to go into effect on July 1, 1926.

Payment for Magazine. Payment for the magazine apart from membership is no new idea. At the present moment the membership dues of active members fail to cover both the cost of their enrolment and the cost of the magazine sent them, so that membership, instead of being an asset to the organization, is actually a financial liability.* The question will come up for discussion and vote at these meetings. I can therefore merely recommend to you that the magazine be separated from the membership (as is the *American Journal of Nursing* from the American Nurses' Association) and paid for by annual subscription.

Possibilities of Amalgamation

The possibility of the amalgamation of the work of any of the departments with that of other agencies has received careful attention. For two departments amalgamation would seem a possibility. These are the vocational department and the magazine.

The American Association of Social Workers, after the maintenance for many years of a vocational department, has decided to divorce it from the organization, and a year has been spent by them in seeking a place to put it. No suitable place has been found, and on January 1, their Bureau will be started as a new organization. The vocational department of the N.O.P.H.N. could, I believe, amalgamate with this new organization on satisfactory terms of representation, and a joint commit-

* The cost of each issue of the magazine is estimated to average $2.60.

tee is now at work on preliminaries. Were this arrangement to be adopted it is improbable that there would be any appreciable financial saving during the first year, but thereafter it is hoped that the service could be brought within the means of the organization. In addition, the plan appears to have benefits beside the financial one, for if, by this means, mutual understanding between the social worker and public health nursing group is fostered, amalgamation, in spite of all its difficulties of adjustment, will have been justified.

The other possible piece of amalgamation, that of the magazine with the *American Journal of Nursing,* is receiving the attention of a joint committee from the N.O.P.H.N. and the *Journal* Board. The financial advantages of the two publications certainly lie with the *Journal.* It is entirely self-supporting and has a sufficiently large circulation to command good advertising rates. It has also had a longer life than THE PUBLIC HEALTH NURSE and it is very strongly intrenched in the hearts of its subscribers. It is quite natural that its Board of Directors should think long before contemplating any change.

The earning capacity of THE PUBLIC HEALTH NURSE is unknown because aside from its advertisements it has been given no opportunity to test itself, having always been given with membership. It is, however, a publication which excellently fulfils its purpose, and public health nurses, and those controlling public health nursing work could ill afford to do without what it supplies.

The greatest advantage of amalgamation would lie, I believe, in the fact that public health nursing material would be offered side by side with that on other phases of nursing and nursing education, so giving to undergraduate nurses and the profession at large a more rounded understanding of nursing in all its aspects. On the other hand, a purely professional publication would probably be less read by laymen than is THE PUBLIC HEALTH NURSE. It would, therefore, be necessary for the editor to give definite time to the supplying of public health nursing material to other magazines, which would, I believe, be only too ready to avail themselves of such a service.

Should amalgamation take place, the new publication would probably retain the old name of the *American Journal of Nursing,* but such representation on the board and editorial staff should undoubtedly be arranged as to secure for public health nursing the leadership which it now counts upon from THE PUBLIC HEALTH NURSE.

Such changes, if they are to take place, must be considered slowly, for there is much beside the practical details to be taken into account. Advertisers, and printers too, must not be given an impression of impermanency. It therefore seems wise to set a definite date before which no change, even if definitely contemplated, should be made. This date has been set as January, 1928, and until then the magazine will be issued as usual.

Affiliations

Before leaving the internal affairs of the N.O.P.H.N. a word may be said about the possibility of further affiliation with other national organizations for the establishment of special departments or services which would be analogous to the affiliation now obtaining with the American Child Health Association. Affiliation with the American Child Health Association is established on the basis of complete payment of all expenses for the service by the affiliating organization, in this case the American Child Health Association.

It seems possible that new affiliations might be made on a little different basis, namely:

That the affiliating organization provide the salary of a specially trained consultant nurse,

That the N.O.P.H.N. provide all overhead expenses for the service, and

That the communities availing themselves of her services provide traveling expenses.

I believe the question of affiliation on some such basis should receive further consideration.

Position of Director

Among other questions of organization and administration, the relationship of the Director of the Organization to her President and Board has been considered. Owing to the rather unusual fact that the Director, the President and the majority of the Board belong to the same profession, and owing also to the fact that decisions on questions of policy are usually matters of pioneer thought, the President and Board of the N.O.P.H.N. from their first appointment in 1912 have been in the habit of carrying a rather larger share of responsibility than is the case in the local field, or is indeed the case in other national agencies. There is, I believe, in such a relationship danger that the position of director become that of executive secretary rather than of director and it is, I think, a director that is needed. Also it will, I am sure, be increasingly difficult to find a president who will be able to carry as heavy a load of responsibility as is now entailed upon the office, in addition to whatever her own work may lay upon her, and a nurse without a position which ensures office equipment and stenographic service could not cope with the presidency at all. If, however, the position of the director is to be strengthened it is, I believe, essential that she assure herself of group consideration on all important matters from a staff accustomed not only to clear thinking on questions of policy, but also accustomed to working as a united group for a common cause.

Place of N.O.P.H.N. in the Scheme of National Health Work

Let us now turn from the internal affairs of the N.O.P.H.N. to its place in the general scheme of national health work, its relationship to other national agencies and its possible improvement through emulation of their methods.

Even a superficial study of other organizations quickly reveals the fact that no two are alike and that it would be the height of folly for the N.O.P.H.N. to emulate the methods of any of them without very careful analysis of these differences, many of which are fundamental and affect objective, source of support, field covered, type of activity, plan of organization and method of work. Broadly speaking however there are two types of national organization, service organizations and non-service organizations, the first giving direct service to groups and individuals, the second spending time on research, propaganda, standardization, etc. Though there is a tendency for non-service organizations to drift into service and though most service organizations give time also to standardization, propaganda, etc., nevertheless the distinction remains.

The N.O.P.H.N. is essentially a service organization, and there seems to be a general consensus of opinion, both within its ranks and outside, that it should remain a service organization.

In all conferences and from all correspondence I endeavored to secure serious criticism. This was in general favorable and in several instances extremely appreciative, and I believe that the N.O.P.H.N. commands the respect of its membership and its co-workers in the national field.

Adverse criticism was to the effect that:

The organization has too often undertaken more than it could accomplish promptly or well.

While the organization claims to be a community service organization it exists in reality as much for the professional group.

The organization should never have allowed a loan and a deficit (this from nurses).

It is too centralized in its plan of work for a country extending over so wide a geographical area.

These criticisms are all well founded and worthy of consideration. There were a few others, for the most part received second hand, which were I think founded either on a lack of knowledge of the organization, on a

lack of understanding of the function of a national agency, or on a lack of appreciation of the place of the modern nurse in community health work, criticisms which were, therefore, too unconstructive in character to deserve more than passing attention.

A number of extremely interesting points of view regarding the development of national work were expressed. Some of those interviewed felt that all national agencies are developing a too paternalistic attitude toward the local communities and that there should be a determined effort to decentralize responsibility to voluntary bodies in the states to something perhaps in the nature of state health centers, with the various special interests represented, among them public health nursing. Tuberculosis already forms a nucleus in some of the states around which the other groups could gather. By others it was felt that the voluntary committee is not sufficiently used for the accomplishment of work, and that too much reliance is placed on the exertions of paid secretaries.

Two directly opposite points of view were expressed on the question of financial support by men of long and equal experience of national organization. One was that the local communities should financially support all national work with the sole exception of strictly research work; that if assistance were denied unless paid for they would do it; in other words, that national budgets should be cut to what is wanted enough by local communities to be paid for in full by them. Opposed to this point of view was the opinion that an organization like the N.O.P.H.N. must of necessity for the present do a certain amount of free work for the communities, and that it cannot expect at this stage of development to have its work understood to the point of complete voluntary local support.

One of the most interesting opinions expressed was to the effect that the N.O.P.H.N. is trying to drive in double harness a team that was never intended to go together, namely professional interests and community service.

RESULTS OF STUDY IN LIGHT OF PURPOSE

We are now in a position to consider the results of the study in the light of its purpose. We will take these points categorically.

1. I believe the work of the N.O.P.H.N. to be of great and real value to the cause of public health nursing both in its contribution to public health nursing as a whole, and in its contribution to local organizations and individual nurses.

2. I believe the activities now carried on by the N.O.P.H.N. *are* necessary.

   I do not think any of them, with one exception, could be carried by other national agencies to greater advantage at the present moment, nor could they be so disposed of without a subsidy equalling approximately present expenditure. (The one exception is the Vocational Department, which might be amalgamated with the Vocational Bureau of the American Association of Social Workers.)

   I think however that constant effort should be made to throw greater and greater responsibility upon state public health nursing groups. This effort should not be confined to those states alone where State Branches of the N.O.P.H.N. exist.

3. I see no other fields of work more necessary than those now occupying the attention of the organization or contemplated by it. The Director and Board should, I believe, continually analyze the work done with a view to determining whether unentered fields are more important than those already being developed. I think the tendency in the past has been toward a too great willingness to undertake new work without perhaps

sufficient personnel for its accomplishment, rather than toward a too great conservatism in refusing to enter new fields.

4. Judging by certain changes for the better in the local field of public health nursing, directly traceable, I believe, to the N.O.P.H.N., and by very direct results brought about thereby for individual organizations and nurses, I feel sure that the organization can claim actual worthwhile accomplishment for its fourteen years of activity.

   It must be remembered however that the personal equation plays as important a part here as elsewhere, and that a very unusual demand for wisdom, knowledge, judgment, and tact is made upon the staff of a national agency. Results which imply personal relationships will always be in direct ratio to the organization's ability to secure and retain able women possessing these qualities. Such results of activity as the publication of a monthly magazine, the completion of the census, the publication of a manual and others of a like nature speak for themselves.

   I am also satisfied from a number of specific instances that the N.O.P.H.N. is an agency to which local bodies have successfully turned for backing and assistance in times of local distress.

   In addition I am convinced that the cause of national health work has been furthered by the participation of the N.O.P.H.N. in the general efforts of the other national health agencies.

5. I believe that the N.O.P.H.N. should for the present go on as it is. A service organization seems to be emphatically needed.

   I think however that further analysis should be made of the make-up and function of the N.O.P.H.N. with a view to determining whether the present unit for scope of work is wise, and whether the most desirable representation is obtained by present methods. To arrive at such a conclusion I would suggest that answers be found to the following questions:

a. Why is the nurse so overwhelming a factor in the life of the N.O.P.H.N., an organization serving community needs?

Why is so much power vested in her,* and why does so much of the responsibility rest upon her shoulders?

b. If the answer to these questions is that it is because there are so many matters of a purely professional nature involved, then the further question should be answered, Is the cause of public health nursing best served by this association of interests?

c. Would a divorcement (as nationally handled) of the professional interests (education, standardization, etc.) from the function of pure service to the community strengthen or weaken public health nursing in the country?

d. Could the *professional interests* be properly cared for in strong and active sections of the American Nurses' Association and of the American Public Health Association and in a strong committee of the National League of Nursing Education with an amalgamation of our magazine with the *American Journal of Nursing*, that would give public health nurses a professional publication which would serve them as they are now served by THE PUBLIC HEALTH NURSE?

e. Could the *communities* be as well or better served by a national organization which existed solely for this purpose, having no individual membership, but relying on a membership representing the local public health nursing organizations of the country, and with a directorate composed of representatives of these local agencies who might or might not be nurses, the financial support to be derived from the percentage system on local budgets already started?

In considering these questions I think it should be remembered that the organization has long felt the pull of its dual function. This has been evidenced in many ways, perhaps most typically by the constantly recurring question as to whether the legitimate place for annual meetings is with the nursing organizations which represent

* The President of the N.O.P.H.N. must be a nurse, the majority of the Board of Directors must be nurses, and there must be no fewer than thirty nurses present at any business meeting.

the nursing profession or with the health agencies which represent community service. After due consideration extending over a period, probably of years not months, I can well imagine that the present unit of effort which includes everything pertaining to public health nursing will still be thought the best. I think however the fact that the N.O.P.H.N. is dealing with two sets of interests and meeting two sets of demands, by no means identical, should be recognized and taken into account as it has not been in the past. This question should, I believe, receive the most searching analytical consideration: Is the National Organization for Public Health Nursing, as we so vigorously claim, an organization *for* public health *nursing* or is it at the same time an organization *of* public health *nurses?*

There remains but to summarize the foregoing which I will do in a series of nine recommendations.

RECOMMENDATIONS

1. That for the present no radical changes be made in the general plan of work of the N.O.P.H.N. excepting only such as are made necessary by the financial situation.
2. That the N.O.P.H.N. function strictly within its budget, with provision for full payment of its loan, within the next eighteen months at the latest, and that the organization systematically aim to reduce the gifts of its largest giver, if possible, through building up other sources of support or if this is impossible, through the reduction of the budget.
3. That the percentage plan of support from local organizations be pushed steadily forward. That, after conference with Mr. Allen Burns of the American Association for Community Organization, the Board consider asking the National Health Council and other appropriate groups to discuss the possibility of some united action in finding a common basis on which to approach local community chests.
4. That the work undertaken by the N.O.P.H.N. be limited to the amount that can be extremely well and promptly done. This to be no mere vague and general proposition, but a matter of policy to be carried to the point of refusal to undertake what cannot be properly attended to. This because the N.O.P.H.N. should not only aim at achievement, but should set a standard for methods employed.
5. That the position of the Director be somewhat strengthened to conform more nearly to that of the directorships of other national bodies and to the directorships in the local field. That the Board at the same time make recommendation to its Director that the feeling of group staff responsibility be strengthened through exercise.
6. That negotiations with the Board of the *American Journal of Nursing* regarding the amalgamation of the two magazines be continued, but that matters be not hurried, and that the magazine be assured permanency under present conditions until January, 1928.
7. That negotiations be formally opened with the American Association of Social Workers with a view to the establishment of a combined Vocational and Placement Bureau to be opened on January 1, 1927.
8. That the possibility of a greater decentralization of responsibility to voluntary state public health nursing groups be considered, also the advisability of requiring payment for service by local communities wherever possible.

9. That the Board and the Director analyze the functions of the N.O.P.H.N. with a view to determining whether these should be legitimately performed by a single organization, or whether the more strictly professional interests served could be wisely divorced from the more strictly community interests, to the advantage of both. Whether, in other words, the professional interests belong with the public health nurses' sections of the American Nurses' Association and the American Public Health Association and with a committee of the League of Nursing Education, leaving to a reorganized National Organization for Public Health Nursing only such activities as pertain directly to the community.

That such an analysis should cover a sufficient period of time to insure deliberate and unhurried action.

COMMITTEE ON GRADING OF NURSING SCHOOLS

The May issues of the nursing magazines reported a meeting of the Committee on Grading of Nursing Schools and the appointment of May Ayres Burgess, Ph.D., as director of studies.

To all nurses who feel a sense of responsibility for their profession this plan for studying the problems of nursing education has seemed of fundamental importance. As yet we have no body of knowledge concerning the present practices and policies of nursing schools. We have no accepted basis upon which to advise those women whom we wish to go into the nursing profession concerning the types of schools they should enter.

Moreover, there is no way in which the school itself can find out what other schools are doing, or how it stands in comparison with the others. In the public health field, especially, the necessity for an educational foundation in nursing, broader than can be secured by experience solely within the hospital walls, has become obvious. In the community the care of children, and of all that relates to the health of children, is the paramount health need. In most hospitals surgery demands a large proportion of the nursing service. It seems clear therefore that many difficult adjustments have to be made if nursing schools are to educate women for the needed community services.

The Grading Committee plans not to sit in judgment above the schools, but to work actively with them in a coöperative effort to improve the quality of nursing education.

Because of the complexity of the problem and because of the many varying groups interested in such a study the first essential was for a strongly backed committee which represented so far as possible all of these interests. The present committee seems to us to meet these requirements. It represents the three nursing organizations, the three medical and hospital associations, the American Public Health Association, the "public" through Mrs. Chester Bolton, and the following outstanding members of the educational field, Dr. Henry Suzzallo, Dr. Samuel P. Cappen, Dr. Edward A. Fitzpatrick, Dr. W. W. Charters.

The program of study which the committee has outlined will probably take at least five years. Its plans of inquiry will cover three fields:

The need and supply of nurses and other nursing functionaries,

An analysis of the work which nurses are called upon to do in terms of the knowledge, skill, traits, etc., required. (This will take in the work of nurses in all fields, including public health.)

The present facilities for the training of nurses (including courses in public health nursing).

Perhaps public health nurses more than any other group are aware through their own experiences of the need for a sounder and broader nursing education. To bring about the many needed changes in nursing schools will require all the understanding and coöperation which can be secured. Public health nurses must accept a share in the responsibility by supporting the work of the committee as it progresses, locally as well as professionally.

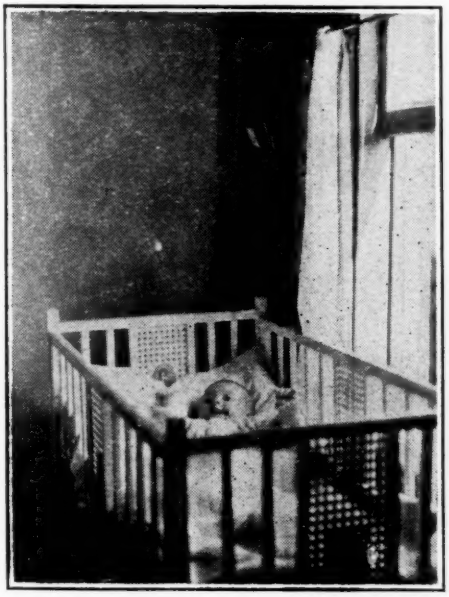
THE PREVENTION OF RICKETS

By Martha M. Eliot, M.D.
Director, Division of Child Hygiene, U. S. Children's Bureau

THE problem of the prevention of rickets is one which should interest the public health nurse in all its various aspects because it primarily involves one of her most important functions, that of teaching parents how to keep babies well. During the past twenty-five years parent education has gradually gained a prominent place in infant welfare work and the results are well known. Scurvy is now a rare disease in our cities; so-called summer complaint or cholera infantum is seen much less frequently; many digestive disturbances are checked before they have time to become severe. The infant mortality rate has been reduced in many places. Breast feeding, the correct preparation of artificial feeding, and the selection of proper additional food have been given leading parts in this educational campaign.

Today a new opportunity is offered. During the past few years, rickets, the commonest chronic disease of infancy, has been added to the gradually lengthening list of diseases known to be preventable. That the deformities and complications of this disease may be prevented by the efforts of the physician and the public health nurse is already being demonstrated.

The need for the prevention of rickets can scarcely be over-emphasized. That rickets is a chronic disease starting in the earliest months of infancy in about 90 per cent of all babies and continuing in many through one, two or occasionally three years of life, and that it may be diagnosed frequently by the roentgengram before it is evident by physical signs are facts of utmost importance when considering its prevention; that it occurs in a moderately severe or severe form in about 25 to 30 per cent of children and is an underlying condition in many of the nutritional and upper respiratory tract disorders of later infancy is being more and more appreciated; that a



A February Sun Bath

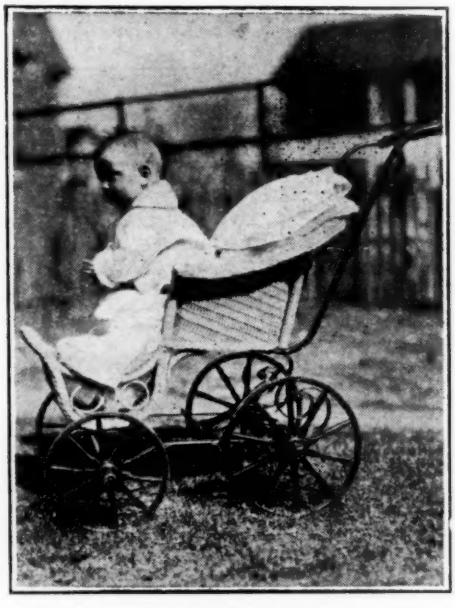
A March Sun Bath

large proportion of the convulsions of the first year of life are due to tetany, a condition associated with rickets, is now well known. Rachitic deformities of the extremities interfere with the efficient use of the body, those of the chest with the proper expansion of the lungs, those of the pelvis with the normal delivery of women at childbirth.

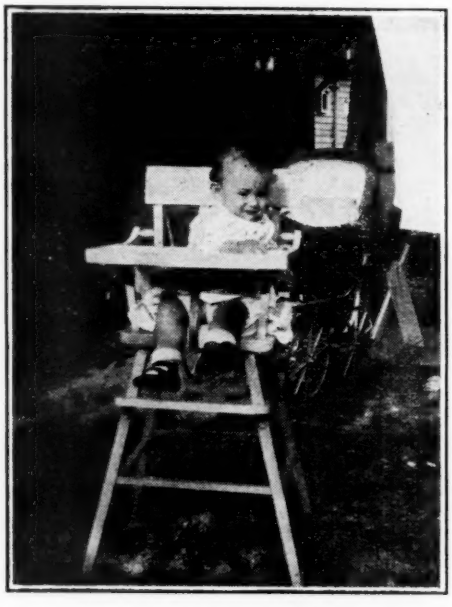
Prevention the Paramount Measure

If antirachitic treatment is begun when rickets is in its incipient stage, that is, in the very first months of life, and continued throughout two years, the disease may be kept under control, and these sequellae and complications prevented. Unless preventive measures are carried out in the earliest months, however, prevention or control of the disease may be more difficult. If the disease is allowed to progress unchecked until gross physical signs are apparent, it may be too late to avoid deformities and other sequellae, even though curative treatment is instituted at this stage.

In New Haven, Connecticut, during the past three years, the Children's Bureau in conjunction with the Pediatric Department of the Yale School of Medicine and with the coöperation of the Yale School of Public Health, the Health Department of the city, and the Visiting Nurse Association has been carrying on a demonstration of the community control of rickets. The district of the city selected has a population of approximately 13,500, one-third being Negroes and two-thirds a mixed population of Italians, Irish, Polish and native Americans. This selection was made because of the well known susceptibility of Negroes and Italians to rickets. The staff consists of one part time and two full time physicians, three visiting nurses, two social investigators, an X-ray technician and two clerks. The office is located centrally in the district and equipped with an X-ray machine and a mercury-vapor quartz lamp.



An April Sun Bath



A May Sun Bath

The prevention of rickets by the use of cod-liver oil and sun baths, though the main issue of the study, has been but a part of a broad program of infant welfare work. The efforts of the physicians and nurses have constantly been focused upon teaching the mother how to keep her baby well. The delivery of the birth certificate has given the nurse an ideal opportunity

to start this parent education in the home when the baby is still very young. From the beginning it has been recognized that this home instruction is a most important element in the demonstration. The mothers have been urged to bring their babies to the Children's Bureau office for examination, both physical and roentgenographic, before the end of the first month of life and repeatedly thereafter during the first and second years. At the first examination, besides the routine advice regarding breast feeding and general care, the physician has given the initial instructions to the mother about cod-liver oil and sun baths for the baby. It has been assumed that cod-liver oil is just as important a food for the baby as is orange juice. Although comparatively little has been said about rickets by either nurse or physician unless the mother has not coöperated in giving cod-liver oil, or unless the roentgenogram showed progress of the disease, the knowledge that cod-liver oil and sun baths are given to prevent rickets has rapidly spread among the mothers of the district.

Teaching the Mother How to Give Cod-Liver Oil

The home demonstration of how to give cod-liver oil and sun baths is essential. Frequently a mother must be shown over and over again before she learns the technique of giving the oil. The first demonstration may be given either at the office or in the home. With the baby lying across her lap, and holding the spoon in her right hand, the nurse pours out the proper amount of cod-liver oil. With her left hand she holds the baby's mouth open by pressing the cheeks together between her thumb and fingers. The oil may then be poured little by little into the baby's mouth. If his mouth is not held open until the oil entirely disappears the baby will spit out what is left. It is frequent for babies to spit out oil not yet swallowed, but it is rare that one actually vomits the oil. It is best to teach the baby to take the pure oil directly from the spoon and not mixed with other food. Some babies will learn to take cod-liver oil readily if it is always followed by orange juice.

The demonstration has brought out the fact that almost all babies can take cod-liver oil. Many babies do not like it and have to be taught to take it, yet the chief difficulty is not with the baby but with the mother who dislikes the smell of the oil and the spots which it may leave on the clothes. It is often hard to make the mother realize the importance of giving this oil, but if she can be truly convinced of its value, there is usually very little actual difficulty in administering it to the baby. The fact that cod-liver oil is a food, supplying elements for normal growth, must be explained clearly to the mother. She must be taught that cod-liver oil is as important in the baby's diet as is orange juice. To avoid spilling it on the clothes, the oil is most advantageously given before the bath in the morning, when the baby is undressed and before the baby is put to bed at night.

Babies two weeks old can take one-half teaspoonful of pure cod-liver oil twice a day; babies two months old, one teaspoonful twice a day and babies three months old, one and one-half teaspoonfuls twice a day. Even two teaspoonfuls may be given twice a day without digestive disturbances. Cod-liver oil may bring about constipation in some babies. Experience has shown that even large doses of it have not been followed by diarrhea. Cod-liver oil may be given throughout the year even in the hot weather. On the hottest days of summer, however, when babies are receiving long sun baths, the oil may be omitted, but if this occurs sometimes during July and August the dose should be given regularly again by the first of September and continued throughout the winter.

Demonstrating the Sun Bath

In demonstrating to the mother how to give the outdoor sun bath, the nurse begins by selecting the corner of the porch or yard which is least windy. She explains to the mother again and again that the morning sun is the best;

that it must shine directly on the baby's skin; that clothing or window glass filters out the rays which, though invisible, are the ones that help make babies grow; and finally that tanning of the skin is evidence that the sunlight is effective. Care is taken to teach the mother not to burn the baby's skin, but to increase the length of the sun bath and the area of the skin exposed gradually until tanning takes place. During the first sun baths the face and hands are exposed for ten or fifteen minutes, after a few days the arms are exposed by rolling up the sleeves, and later the legs and body in turn. The length of exposure of each part increases three to five minutes daily until the sun bath is given to the whole body for an hour or more twice a day.

If sun baths are started in the early spring, the face and forearms may be well tanned by the middle of April, the legs, upper arms and neck by the end of May and the whole body in June. During the heat of July and August, sun baths should be given before 11 o'clock in the morning or after 3 in the afternoon. During the noon hours a baby should wear a light shade hat to protect his head from the sun.

A June Sun Bath

In the winter months, from November to March, such extensive sun baths are not possible in the northern and central parts of this country. Indoor sun baths, however, with the baby lying in the patch of sunlight coming through an open window, may be given all winter. The amount of skin which can be exposed depends upon the severity of the weather. During the winter the heat of the sun which one would gladly dispense with in July and August, must be used to help keep the baby warm. On all sunny winter days the baby should take his nap outdoors in the sun, in a place protected from the wind. Here, except on the coldest days, a baby may lie with his face and frequently his hands exposed to the sun for several hours at a time.

Sun baths, either outdoor or indoor, may be started for all babies by the second or third week of life. The babies born in the late winter or spring are perhaps more fortunate than their fall and winter brothers and sisters in that they may receive long outdoor sun baths throughout those first important months of their lives. If the fall and winter babies become accustomed to indoor sun baths at an open window, they may begin outdoor sun baths very early in the spring, in February or March, depending on the climate. Sun baths should be continued throughout the second year of life. Sun bathing suits in the form of a sleeveless slip or romper, cut low in the neck and short in the legs, a pair of bathing trunks or a sea bathing suit may be provided for the runabout. The more skin that is left exposed, the better the suit for the bath in the sun.

The prevention of rickets in a community can only be brought about through gradual education of parents. Few people realize what an important part the ultra-violet radiations of sunlight play in the growth of a normal baby. The exact relation of cod-liver oil to the ultra-violet radiations is not fully understood, but it is well established that either, or better still, both together, will cure or control rickets if given in sufficient quantities. In the winter months when the intensity of ultra-violet radiation is least, more cod-liver oil should be given to supplement the sunlight. These facts in mind, any physician or nurse interested in public health can undertake a campaign for the prevention of rickets in his or her community.

THE FEDERAL CHILD LABOR AMENDMENT

Editor's Note: We are grateful to Mrs. Florence Kelley for bringing us up to date on the Child Labor Amendment. An article on the history and purposes of The Children's Amendment by E. M. Matthews appeared in the January, 1925, number, followed by Mrs. Kelley's first article in March, 1925.

Since THE PUBLIC HEALTH NURSE published, in March, 1925, a page of "Up-to-Date Facts About the Child Labor Amendment," the scene has changed, greatly to the advantage of the young workers and their amendment. There is no longer trouble about getting a hearing for current facts concerning child labor, and the dangers that it still involves.

The nation-wide fear that delayed ratification last year has disappeared. This year opposition is centered elsewhere. The federal child labor amendment is temporarily off the front page and out of the picture.

It was at that time possible for the National Manufacturers' Association to influence the public by a volume which it issued through the National Industrial Conference Board entitled "Employment of Young Persons in the United States." Its thesis is that no federal amendment is needed, because the young children are all out of industry and the older ones—long before reaching the age of 18 years—need both money and experience which can, the authors hold, be gained in no other field than wage-earning industry.

Now, however, authentic facts of a new kind which cannot fail to appeal to all thinking people have begun to reach the public through children's compensation for industrial accidents. They reveal for the first time in forms easily understood the numbers of boys and girls maimed and killed every year in industry, in states as advanced in their protective industrial laws as New York, Pennsylvania, New Jersey, Massachusetts and Wisconsin. The reports published since New Year's, 1926, by or about these states are mines of facts, which are incontrovertible because the injured children have actually been paid workmen's compensation, as have the parents or other dependents of those who were killed. The records are official documents in the custody of the Workmen's Compensation Bureaus or Commissions of the states named.

Child Labor Conditions and Legislation

Nothing is so persuasive as an enlightening fact which cannot be denied or disputed. Against the claim of the amendment's opponents that child labor is a dead issue, the record of Pennsylvania speaks for itself. The figures follow:

There were 8,476 children under 18 years of age working in Pennsylvania, victims of industrial accidents in 1923;
10 of the injured children were under 14 years of age;
4 children under 16 years of age were killed at work and 2 were permanently disabled in the first six months of 1923;
24 children 16 and 17 years of age were killed in coal mines;
51 children 16 and 17 years of age were killed at work and 81 permanently disabled;
There were 152 cases of amputation among 16 and 17 year old children alone.

While this is only one of the great industrial states, and some of the foregoing figures refer to only six months of the year 1923, the Children's Bureau published simultaneously a study of three other leading manufacturing states: Massachusetts, Wisconsin and New Jersey.

Two New York State publications are in the printers' hands, following "Work Accidents to Children" published in 1923, a report which served to hasten enactment of New York's double compensation law for minors killed or injured while illegally employed. The effect of this law, in force since July 1st, 1923, is proving, in the meantime, most instructive. Under it, in its first year in the New York City district alone, 28 children were doubly compensated, all of them under 16 years old. Of the 28 children, 26 were

hurt by machines at which they were illegally employed. An award made in 1926 totals $6,800.00, half of which must be paid by the insurance company and half by the employer. The recipient is a fifteen year old boy hurt while working illegally at night on a printing press.

Every new study of children's compensation for accidents in industry emphasizes afresh the need for ratification of the pending amendment to give to Congress power to establish one minimum standard of safety for the children in *all* the states of this country. But Missouri and North Carolina, both highly developed industrially, and four other states, have no workmen's compensation whatsoever for men, women or children, whereas Wisconsin pays triple compensation and New York double, to minors below the age of 18 years, if illegally employed when hurt.

Between these extremes are ranged the other 45 states, no two of them having the same safeguarding provisions.

Opposition and Support of the Amendment

Opposition to the amendment centers chiefly on two points.

First, the fear of giving *any* added power to Congress

Second, the fear that this power once given may be used to prevent all useful work of children before the eighteenth birthday.

For the latter, responsibility rests largely on the appearance during the year 1924 of articles and cartoons in periodicals and newspapers throughout the country, representing a condition in which no one under eighteen years old could ever again pick berries on the home-farm, or wash dishes or make beds in the farm-home, if the amendment were ratified.

Unhappily for the young wage-earners, the farmers in a score of states took this as sober truth, and seriously delayed ratification thereby.

Meanwhile the most stirring speech made this year at the National Conference of Social Work in Cleveland, Ohio, was that of the newly-elected President, Dr. John A. Lapp, at a mass meeting on June 1st. He committed himself unmistakably to strive within and beyond the Conference for early ratification. This pledge, given at the close of an address by Miss Jane Addams, was received with sustained applause.

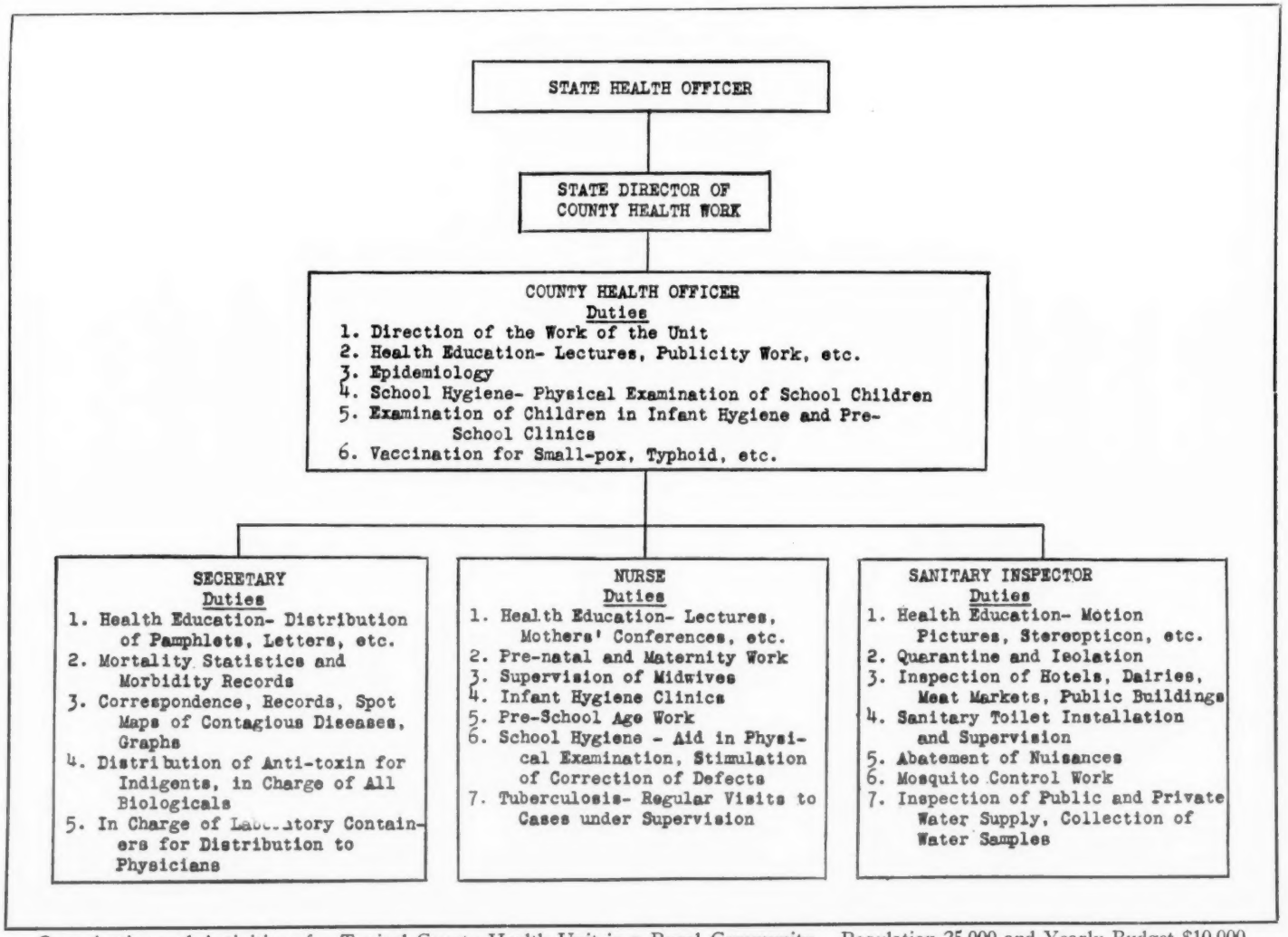
A campaign of enlightenment through the printed word continues by the joint efforts of the national bodies which advocated the amendment while it was in Congress. Under the title "Organizations Associated for Ratification," they supplied facts for the use of many hundred debaters in colleges, high schools and forums of all kinds, throughout the length and breadth of the country during 1925. Information in popular form may at present be had by addressing them at 532 Seventeenth Street, N. W., Washington, D. C.

Organized friends of the measure are re-endorsing it as their annual and biennial meetings recur. Since New Year's, 1926, the following have pledged themselves anew to work for ratification:

Educational Press Association of America
General Federation of Women's Clubs
National Congress of Parents and Teachers
National League of Women Voters
National Young Women's Christian Association

One of the events of the biennial of the General Federation of Women's Clubs was the address of Mr. William Green, President of the American Federation of Labor, pledging his organization afresh to effort for early ratification.

FLORENCE KELLEY



Organization and Activities of a Typical County Health Unit in a Rural Community. Population 25,000 and Yearly Budget $10,000.

Compiled by Dr. John A. Ferrell in exposition of his article, "The Public Health Nurse and County Health Service," Public Health Nurse magazine, June, 1926.

NORMAL GROWTH AS A PUBLIC HEALTH CONCEPT

By Arnold Gesell, M.D.
Director of the Yale Psycho-Clinic

Paper read in the Third Annual Meeting of the American Child Health Association (in a Joint Session with the Child Welfare Section of the National Organization for Public Health Nursing) at the American Health Congress, Atlantic City, May 19th, 1926.

GROWTH is one of the most significant terms in the vocabulary of hygiene. In some respects the term growth, or development, has a meaning more pregnant even than the word health. Growth carries a more dynamic connotation; it organically ties the present with the past and directs it toward the future; it places an emphasis on the total economy of the individual and a premium upon personalized periodic supervision. This paper will deal chiefly with the feasibility and desirability of applying standards of mental growth as an aid to promoting the mental health of normal children. Mental hygiene as a phase of public health remains a rather nebulous aspiration, unless we can translate it into some of the same procedures and approaches which general health work for children now embodies.

The Scientific Study of Growth

What is growth? It is, of course, a concept to conjure with. If we try to formulate its innermost meaning we are brought to the very margin of the mystery of life. Metaphysically, growth resists definition; and if we insist too stubbornly in a philosophical formulation of its nature, we readily fall prey to vitalistic and mystical modes of thought.

In spite of this metaphysical refractoriness, growth constitutes a scientific problem of major importance. Indeed, growth constitutes one of the central problems of biology. Conspicuously true is this in the fields of experimental biology, and in the new embryology with its emphasis on developmental mechanics. Anatomy has ceased to be a descriptive science dealing with static completions; it investigates the origins, the plasticity and the modifiability of structure. Biochemistry is interested in the energetics of growth, and its regulatory factors. Biometry is interested in mathematical formulations of growth laws and constants. Psycho-biology is concerned with the developmental nature and origin of all organic behavior, and with the genesis of both human and infra human conduct.

No phantasmagoria of fairyland were ever half as interesting as the experimental investigations of biological and medical science, which are now revealing bit by bit the mechanisms of growth. These investigations are picturesque in their diversity; but they also promise underlying general principles which will some day be synthetized from the accumulating data.

Growth is being studied in all forms of life, unicellular and complex; plant and animal; individual and group. Curves of growth have been plotted for microscopic colonies and for populations of the earth. Studies range from the minute cell count delineation of the development of the nervous system of the salamander, to broad quantitative studies of the physical growth of the Chinese.

The experimental investigations deal in amazingly ingenious and daring ways with the alterations of the growth process. The growing organism is subjected to modification of temperature, of light, of position, of chemical and nutritional conditions. The limbs of the salamander are transplanted from one part of his body to another; the shell of the incubating egg is varnished; the growth of grafted embryonic fragments of the chick is observed in detail; the endocrine sys-

tem of the tadpole is surgically altered to note the developmental results; growth disturbances are produced by radium emanation or by artificial changes in chemical conditions. Tissues detached from the body are preserved and "grown" in culture media.

Innumerable studies have been made through dietary modifications. Even the effect of irradiated sawdust on the growth of the white rat is known. Some of the dietary factors are so well understood that the rate and the character of the growth of the white rat can in considerable measure be manipulated by man. Under experimental conditions the scurvied palsy and inertness of the misfed guinea pig can be replaced by restoration of normal function. It can be done with amazing quickness by the administration of a few miraculous bits of green lettuce.

The Value of Scientific Knowledge of Growth

The scientific attack on the problem of growth is of comparatively recent date. The countless studies now in progress will themselves grow in range and depth, and yield new insight into the factors which determine all growth.

It is well to remind ourselves that significant advances in the hygienic regulation of growth can come only through science and more science. The layman, possibly even the fundamentalist, should acquire a dim respect for those technical studies of the laboratory, which, though they may deal with the life processes of amblystoma, or rat, have none the less a basic bearing on the interpretation of human growth. The fundamental laws of growth are so universal that they may be sought and found in any form of life.

We have a convincing example in the study of rickets—a growth disease of the child, which can be experimentally reproduced in the chick and in the rat. The problem of rickets has been approached from many angles, from that of the physiologist, the biochemist, the pathologist, the physicist, the physician. Although there is yet much to be learned, the critical factors in the production and prevention of this common growth disease are becoming apparent. In the new knowledge of cod liver oil, sunshine and the ultra-violet ray we have brilliant evidence of the significance of science in human welfare—the significance of *prediction* and *control*. Dr. Alfred Hess has reminded us that this precious new knowledge has for the most part arisen during the past five years. It did not fall from the skies; it did not spring from the seas; it is the lawful by-product of research both in pure and in applied science—in biological, physical, agricultural and medical laboratories. If the world had been in firm possession of this new knowledge of rickets, with its implicit prediction and control, at the time of the world war, the nutrition and growth of thousands of children would not have suffered.

The significance of science in the protection of the welfare of children needs constant reaffirmation, particularly in America, where we have glimpsed a vast latent fund of prescientific prejudice. It has taxed the wit of the race to acquire the medical knowledge which now permits babies to grow up, where they formerly languished or died. If this knowledge were cast overboard, there would be a return to imperfect folklore, to erroneous superstition. Ignorance, quackery, and uncritical benevolence would assume control of the feeding of young children. Scientific medicine is the only safeguard against such a possibility; and the public health nurse as the vehicle of this scientific check is the everyday defense against a relapse into old conditions.

One of the prevalent quasi-primitive notions holds that growth is predetermined, that it is so natural that it takes care of itself, and that there is little to be done about it. The too popular notion that the child will outgrow all his handicaps has a similar logic. Now the scientist would insist that growth is essentially lawful but also profoundly plastic. It is governed by certain limitations; but within those lawful limitations it is marvellously adaptive, and likewise lawfully responsive to both internal and external condi-

tions. If, in the laboratory, growth expresses this responsiveness at every turn, why can we not hope to bring the whole cycle of child growth gradually under greater control? The laboratory may never furnish us with the precise methods, but it has already provided us with the faith that systematic health supervision will lead to increasing regulation of the organic growth of children. Is not the concept of complete growth becoming the new directing ideal in all child hygiene?

The fundamental advantage in this concept lies in the fact that it goes far beyond the traditional ideas of health and disease, and comprehends in a dynamic and relative way all types of children. It embraces the so-called normal child. In fact it places a new premium upon normality, and gives us the impulse for constructive as well as preventive measures for this normal child. The concept of maximum growth also reveals both the scientific and the practical value of standards of development.

The Value of Standards of Growth

There is some misconception as to the use of standards in the field of child hygiene. It is contended that there is great danger of over-standardization; that our whole civilization is over-standardized; that children are not factory automobiles. It is also sagely suggested that there is no such thing as a normal child; that all children differ; that no two are alike, and that of all things we should avoid standardization of children.

Much of this argument, of course, is gratuitous. The scientific and the practical function of the standard in child health work is measurement, not compression into a mould. The standard is a formula which represents a bit of information which may be used as a landmark of reference. We use the height and weight chart not to standardize physical growth, but to interpret it. Standards are the lenses through which we observe the child's growth to determine whether that growth is pursuing a favorable course. If we do not use clear, sharp-cutting lenses, we cannot catch our problems early or make our treatment timely.

The hygienic supervision of physical growth, therefore, depends upon standards. We must admit that our present physical standards are extremely inadequate and even imperfect; but just as the evils of democracy can only be cured by more democracy, so the imperfections of standardization can only be corrected by more standardization. Indeed, this is just what is happening in the scientific study of physical growth. Anthropometry is working out multiple standards and correlations which can be made to bear more discriminatingly on the individual variations with respect to growth. There is in Germany a new science in the making called Typology, which is endeavoring to elucidate the whole problem of mental and physical types, and this elucidation cannot be accomplished except through quantitative studies which inevitably lead to the formulation of standards.

Moreover, the individual clinical appraisal of any given case depends upon the application of standards. The more numerous and accurate the available standards in any given instance, the more adequate will be the clinical appraisal. Even in the fields of public health nursing, of social work and of schoolroom teaching the importance of vital discriminating standards is constantly asserting itself. Professional training in these fields to a large degree consists in the acquisition of working and workable standards.

In the supervision of physical growth and bodily health it is certain that the development of technique will carry with it an increase rather than a diminution of standards.

Standards of Mental Growth

In the field of Mental Hygiene is this not equally true? The very paucity of our public health provisions in this field may be due to a lack of workable standards and of practical techniques. If the growing mind, like the body, is to come under systematic health supervision, we shall probably need a greater

equipment of standards and norms as a basis for procedure.

Or is the growing mind altogether too elusive, altogether too intangible to be made an object of public health concern? If we cling too tenaciously to certain pre-scientific conceptions about the mind, the prospect of a health supervision of the mind seems nothing less than chimerical. But it is not necessary to be pre-scientific! It is not necessary to make an absolutely drastic distinction between mind and body. From a medical viewpoint we must approach the whole problem of the developing mind through the route of observable behavior. We should regard this behavior as a functional index of the physiological or the developmental status of the individual. Whatever academically our psychological theories may be, medically we are primarily interested in behavior as behavior—in the adequacy, the maturity, the balance, the completeness of behavior—in the ability of the individual to adjust his own life and to adapt it to that of others.

The growth of mind scientifically conceived, therefore, is essentially the development of a sequence of behavior values which are correlated with the maturation of the nervous system. From this point of view even the infant has a mental factor. Although the highly subjective psychologist might be reluctant to credit him with a mind, the psychobiologist would insist that the infant has a psyche which is already well in the making at the time of birth.

Even the infant has some degree of personality. His personality is a growing multitude of patterns of behavior: of eating, sleeping, playing, obeying, of liking, of disliking, of fearing, of avoiding, of assertion. Although these patterns of behavior bear the impression of his environment, they are also the expression of his native capacity and of his developmental maturity.

At the Yale Psycho-Clinic we have made studies of several hundreds of normal infants, which show that the curve of mental growth tends to follow lawful lines. Although we have not found two babies exactly alike; neither have we found two normal babies of the same age, who were absolutely unlike. The underlying similarities of given age levels constantly assert themselves. Even in the defective child there is a significant tendency to approximate a subnormal level of behavior. In other words, the development of behavior, or, if you will, the growth of the mind, obeys certain laws of organic sequence. By means of appropriate tests and behavior norms, we may record and appraise the behavior status of the growing child. We may consider this status from the standpoint of motor development, language, general adaptive behavior, and personal-social behavior. His personal-social behavior concerns his emotional life and his capacity to make social adaptations. It is particularly important from the standpoint of mental hygiene.

The rate of mental growth in infancy is rapid. It rivals or exceeds that of the stature. We are now making formulations of the monthly increments of behavior in order to define more clearly both the common and the variable aspects of mental growth. Again we may point to the scientific and practical necessity of standards. We cannot follow the growth of the behavior tree unless we make ascending cross sections, which will furnish us with normative pictures. Individual variations cannot be perceived or expressed except in terms of working norms.*

A vast amount of research will be needed to give these norms precision. Meanwhile it is important to recognize that such psychological norms are attainable, and that standards of mental health are as legitimate and as feasible as standards of physical status. Even in our present state of comparative ignorance it is possible to lay down for various ages of infancy and childhood certain concrete minimum essentials of mental health expressed in tangible behavior terms. The concept

* The Mental Growth of the Pre-School Child. Arnold Gesell, M.D., Macmillan Company. New York City, 1925, Chapter VII.

of normality in the field of mental growth is just as valid as the concept of normality in the field of physical growth.

The Characteristics of Mental Health

In order to make the problem somewhat more concrete, we can venture the general question: What are the mental health characteristics of the normal child?

1. *Wholesome habits of eating, sleeping, of relaxation, and of elimination.* These are often regarded as "purely physical" matters. Actually they are of basic psychological importance. They are ways of living; they require a proper organization of the nervous system. The child who is not well-trained in these everyday habits has not learned even the first letters of the alphabet of nervous or mental health.

2. *Wholesome habits of feeling.* Here again we deal with the organization of the nervous system. Mental hygiene is much concerned with the organization of emotional life. Happily, the feelings respond to training. It is all wrong to think that temper tantrums, morbid fears, timidity, jealousy, sensitiveness, suspiciousness, and other unhealthy mental states are beyond control.

The thoroughly normal child has positive emotional habituations which make for good nature, for sociability, for self-control, and even for a measure of sympathy and cooperativeness. Consistent training and a favorable home atmosphere bring him under the spell of socialized good will. Through praise rather than scolding, through encouragement rather than domination, through happiness rather than failure, he acquires an elementary, optimistic philosophy of life. He acquires also a sense of values and a sense of security which are very important for his health of mind.

In his way he may also acquire a philosophic sense of humor, which can be set down as one of the prime essentials of normal mental health. This sense of humor will serve him well even as a child, and still more as an adult.

3. *Healthy attitudes of action.* Self-reliance is a cardinal virtue in the code of mental health. Growing up in the psychological sense means attaining sufficient stamina to meet the demands of life squarely on one's own resources. It is a steady process of detachment, first from the apron strings, later from the home itself.

Just as the grown-up soldier needs morale to stand the test of battle, so the young child needs a kind of self-confidence, which will enable him to meet the realities and discomforts of life. The ability to see reality is, of course, a mark of mental health. Therefore, the wise parent from the beginning builds fiber as well as happiness into the child's mind.

Normality of mind can, therefore, be formulated in terms of

(1) wholesome personal habits of living,
(2) wholesome habits of feeling, and
(3) healthy attitudes of action.

Although these are broad specifications, it is apparent that they may be made very concrete in actual application. The goal of mental hygiene ceases to be nebulous when we make a genuine attempt to realize it in terms of child guidance and parent guidance. In the parent-child relation we have a very real point of departure which is accessible as a part of existing child health work.

Developmental Supervision of the Pre-School Child

The welfare of the growing mind of the child hangs in no small measure upon the quality of this parent-child relation. It is possible to bring this factor gradually within the scope of infant welfare and child health center activities. Even in the regulation of nutrition, the physician and the nurse must reckon in behavior terms with this parent-child relation. The supervision of nutrition can thus be broadened steadily to include certain psychological factors which affect mental health. The practice of periodic reexaminations should make it possible to give consecutive and systematic regard to this influential parent-child relation. It will be impossible suddenly to launch a comprehensive, all-inclusive program of supervisory mental hygiene. It will not be impossible gradually to build up such a program by a judicious expansion and elaboration of our present arrangements for the supervision of physical welfare.

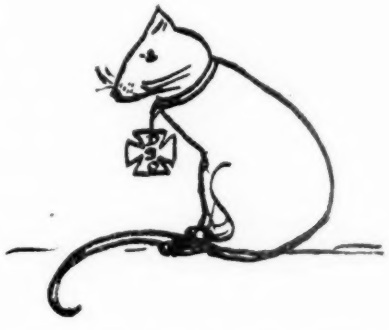
The nutritional supervision of infants did not begin with subtleties. The first step was to purify unclean milk and to cast out heavy solids like pickles and sausages. In the field of mental health likewise we might well begin with a similar reduction of the grosser faults of child care. These

faults in all too many cases still include beating, slapping and rough handling. Excessive shouting, scolding, threats, and bribes still figure too much in the daily lives of young children. A calm, kind, consistent parent-child relation is the most important essential in improving the mental health of these young children. Is it not possible that physician and nurse on hygienic rather than homiletic grounds can do some necessary spade work in this vineyard?

This discussion has been rested on rather broad and general arguments. If, however, these broad considerations are sound, it is almost certain that the hygiene of mental growth will come increasingly under public auspices. Normal growth must then figure as one of the working conceptions of child health work. Growth, whether of mind or body, will continue to be one of the basic problems of biology and of medicine. It is a vital problem which is already yielding to scientific formulation and coming within the province of prediction and control. Inasmuch as growth constitutes an organic cycle of lawfully conditioned phenomena, the growth of mind of the young child must some day fall definitely within the purview of public hygiene. Even now the mental growth as well as the physical growth of the child needs more systematic protection. The pre-school child is pointing the way. Psychologists, psychiatrists, kindergartners, primary school teachers, home economics instructors, leaders in public health, parents' clubs, mental hygiene societies, have found themselves side by side in a new interest in the pre-school child. It is not a wave of passing interest. It is a fundamental, social movement springing out of certain basic issues of civilized life.

It is a social movement comparable to the democratization of elementary education. America has made an unsurpassed large-scale achievement in public education. Through her system of elementary schools all the school children of all the people are reached, whether in crowded tenements or in the sparsely settled rural regions. In principle, and to a remarkable degree in actual fact, every child who may profit by ordinary school instruction had an opportunity to secure such instruction.

We must now do something even more basic. We must try to equalize the earlier developmental opportunities of earlier childhood. This can only be done by replacing the historic concept of education with the modern biological concepts of growth and development—initiating a policy of developmental supervision with the birth of the infant and projecting that supervision medically and educationally throughout the entire period of preschool childhood. Thus the concept of normal growth leads to growth guidance.



Albino Mus has been side by side with the great medical pioneers of the laboratory. Dr. Gesell has called for gratitude to this patient benefactor of mankind. Above you see him—as pictured by Miss Dorothy Deming—finally rewarded.

HOW I MET MY EXPENSES AT THE AMERICAN HEALTH CONGRESS

By an R.N.

DR. GEORGE E. VINCENT told us at the Health Congress at Atlantic City that if we stayed away from this expensive spot until 1929 we could doubtless afford to attend the sessions of the International Council of Nurses in Peking that year. The high cost of living until the eleventh hour kept me from the Congress at Atlantic City—then a fond hope that one could "hire out" while there and thus meet all expenses took possession of me, and to Atlantic City I went, armed with enough cash for a meal or two and a return trip to New York.

On arrival the Information Subcommittee of the Local Committee informed me my appearance was providential—that on Monday morning I could demonstrate a book on dietetics on the Steel Pier, the Headquarters, at the rate of $5 a day. Waiting at the Inquiry Desk for instructions Monday morning afforded ample entertainment of course. Even at a benighted nurses' convention can someone ask "Where is the health booth?" and "Where are the nurses' meetings being held?"

This well known book I thereafter ardently exhibited for exactly one hour, at the end of which time I myself began to be almost persuaded of the merits of the volume—but never again can I view it with the same zeal! Alas—two nurses had been engaged for the same task, and it fell to my lot to vanish.

Query: How soon was a return to New York City indicated?

Answer: Return to New York City was no longer a possibility. Less than the required railroad fare was at hand after a luncheon replenishing the energy-output on behalf of that wonderful volume.

Another half day waiting to be placed by the Local Committee and a comfortable night at the Y.W. Tuesday dawns and with it other plans must be made.

Private duty nursing? Visits to the registries indicated May a dull month with long waiting lists of nurses.

Salesmanship? Several five-and-ten-cent stores advertised extensively as needing help. On application I was told that the advertisement was inserted constantly, as their turnover was such that at any moment they might need help—but at present they had all the help needed at from $10 to $14 a week.

Census enumerating? The $2.50 per day this offered would barely pay for a shelter at night.

Addressing envelopes? One printer offered $2 a day for folding and addressing envelopes for one of the national nursing organizations.

Again I took stock. The job must pay for meals, shelter and return to New York City and allow time to attend the sessions.

Hotel jobs? The dinner hour was approaching, with the gastric juices stimulating to action—food must be had. Why not serve as waitress? Hotel No. 1 needed no more help. Hotel No. 2?

Hotel No. 2 really begins and ends my chapter. Interviewed by a charming head waitress aged about twenty-five (gentlemen prefer blondes—and she was preferred) through the half-open door of her bedroom, I agreed to report on duty for the next meal when her new help was to be initiated. "Was I experienced?" I was able to convince her that serving hospital trays was "experience" and she was actually fearful that I might not report, since her parting words were "Don't disappoint me at 5:30!"

Hospital uniforms served as my dinner gowns. By way of the black required for breakfast and luncheon, a friend attending the Congress provided me with the handsomest black dress in the dining room. The job was to last throughout the Congress, extra help being needed to serve the nurses.

Nurses as hotel guests! "There's nothing in them," said Waitress Mary

at the next table. "You'd think because they work that they'd understand us working girls, but they don't know what they want and to-day I waited on 35 of them, with 75 cents to show for it!"

That first dinner passed happily for me, much to my surprise. My first and only sin passed unnoticed, and my best judgment indicated that nothing was to be gained for anyone by calling attention to it. The table lamp, temporarily placed on the window sill while the table cover was being changed, vanished. Then came a realization that there was some relationship between a crash heard below and my missing ornament. But not every table had a lamp and I was never questioned as to its absence.

"Security of tenure" doubtless depended not so much on my "experience" as on the fact that three guests recognized me at the first meal—three nurses from the county where I had last made a health survey. They told the head waitress they would later speak to me, and I was duly appreciative. I assured them I was having a wonderful time, but asking for them at the hotel desk after the last meal, found they had already checked out. So news regarding the county of which I had been so fond was not to be had.

Occupational hazards! Ah, yes—very heavy trays and danger of being bumped by the tray of another. Burns! Mary—my boon companion—received a badly burned hand from the hot water tank (water for tea) because of the carelessness of another. Says Mary, "I don't blame the girl last summer, who had her fingers cut off by the bread cutting machine here!" "Blame" for what, I do not know—but you may be sure I filled my bread plate "cum cura." Mary was worth to me all I endured there. "These extra jobs don't pay—all you earn goes out between jobs—it costs so much to live in Atlantic City—if I could only eat when I'm working! But then I'm too tired to eat and when I'm rested between jobs I can't afford it."

I want to close with a tribute to the humanity of the girls. I had been assigned by the head waitress at one meal to assist at another table after I had finished my own—my lot being to serve the meal except the desserts for these additional persons. After the meal the very capable and attractive waitress presiding at this table hastened to me, "The man in that party of four left this dime—the dirty bum—it's for you." My efforts to refuse it were in vain and she added, "I'd like to leave it for him at his place to-morrow and say to him, 'I thought you'd need this.'" Agreed are the waitresses there that a no-tipping system with better pay would be more satisfactory.

As I write of these experiences while resting on the sand in Atlantic City after the Congress, I can still hear the head waitress call as she opens the dining room to the guests, "At your stations, girls," and as she closes the same, shout in the kitchen, "All off," which wording is a summons of the waitresses to their own meals.

Perhaps by 1928 and 1929 I shall not be between jobs, as a research worker so often is, but on a job that pays expenses to conventions. But never shall I have a better time than at Atlantic City, and I recommend "waiting" to any one similarly situated, as the hours do permit attendance at the meetings, which is after all the "sine qua non."

IS THE PUBLIC HEALTH NURSE A CARRIER OF INFECTION?

By Marguerite A. Wales

General Director, Henry Street Visiting Nurse Service

Discussion at the Forum Session of the Annual Meeting of the American Public Health Association, St. Louis, Mo., October 21, 1925, of the following question:

> What statistical evidence have we of the carrying of infection into a home by (a) the nurse engaged in bedside nursing, (b) the nurse engaged in infant hygiene and child hygiene as well as the quarantining of communicable diseases?

together with an abstract of the discussion which followed the presentation of Miss Wales' paper.*

THE question as it stands could have been answered by one simple word, "None," for not one case has been brought to light by the inquiries sent to health officers and directors of visiting nurse associations from the Atlantic to the Pacific coast.

But these administrators were not satisfied with a simple, negative answer. Rumblings of dissatisfaction with the present state of affairs came from others in cities where visiting nurses were refused admittance to the homes of patients suffering with communicable disease. Why should these nurses be barred from the patient whose physical need gives the greatest of all opportunities to demonstrate the principles of public health? At no other time is a mother so responsive to the teachings of the nurse, as when her child lies dangerously ill. Yet, health departments in many states still question the advisability of allowing the visiting nurse to care for a quarantined patient.

Some states have made a sweeping ruling that the nurse carrying on a generalized service cannot enter the home where there is scarlet fever or diphtheria. However, a health officer of one of our largest cities stated recently that he hoped at some time to have his communicable disease nurses give the bedside care to the patients they were quarantining "because it gave the nurse such a good hold on the family." For five years in Philadelphia the visiting nurse service has carried on a generalized program, including communicable disease nursing. There the city health officer and the director of the service report a "clean slate." The director adds: "Every instance, either of cross-infection or of development of contagion, where it did not exist, has been reported and subjected to the closest scrutiny."

The Henry Street Visiting Nurse Service, covering three large boroughs in New York City, with a population of 4,000,000 people, has carried on a communicable disease program for more than 15 years.

Within the last 6 or 7 years a generalized program endorsed by the late Dr. L. Emmett Holt, who was then medical advisor and a member of the board, has been maintained. During this time only one instance is recalled where the question of cross-infection has ever been raised. It developed that the attending physician had unknowingly visited a scarlet fever case, and so he himself definitely fixed the source of infection on a medical rather than a nursing contact.

Since the records of the Henry Street Visiting Nurse Service brought to light no evidence of cross-infection, we decided to make a special study over a given period. For three months prior to this meeting the supervisors watched carefully their communicable disease work for any possible indication of cross-infection. The answers came in uniformly in the negative at the end of this period.

* This discussion was also printed in the *American Journal of Public Health*, April, 1926.

Convincing the Health Department

There could not be a more convincing and dramatic demonstration of the conquest of a health department than that described by Mrs. Kathryn Schulken, Director of the Denver Visiting Nurse Association, in a paper presented at the biennial meeting of the National Organization for Public Health Nursing in Detroit.

Mrs. Schulken believes that in adopting a generalized nursing program the first step is to perfect technique in the care of communicable diseases. The plans were developed with a medical advisory committee of leading local physicians. But before the complete reorganization of the work could be effected, the city was swept with a smallpox epidemic. The visiting nurse was required to give care to some of the most virulent types and still carry on the work in her district. After the epidemic had been controlled a member of the health department admitted that they had been so doubtful of the proposed program that they had kept a vigilant eye on the visiting nurse to trace cross-infection to faulty technique. But the nurses won out and the city's next budget carried a subsidy for the Visiting Nurse Association. Now the city is increasing the subsidy. The health department nurses who had carried on the instructive work in communicable disease cases were assigned to other duties and the visiting nurses who entered the home to give bedside care made the most of their opportunities to teach. Mrs. Schulken adds, "Physicians who had previously given very little consideration to our work now greatly appreciate this new service. They call on us for their cases, and are our strong supporters."

In a Generalized Program

This question deals with the generalized program of the health department nurse as well as the nurse giving bedside care. In San Joaquin, California, where the nurse is assigned to a given territory by the health officer of that district, she is expected to do all types of public health nursing work, including infant and maternal welfare, school visiting, tuberculosis visiting and communicable disease control. During the 2 years that the work has been organized the general staff made 53,000 visits, more than 22,000 being for communicable disease control. Dr. Sippy states that there is not even the suspicion of any communicable disease transmitted by the nurse during this period.

Dr. Hastings of the Toronto Health Department believes there is no reason even to suspect that a nurse has at any time conveyed communicable disease from one home to another, although the nurses in his department are carrying on a generalized public health program, looking after communicable disease as well as other cases. "It is unnecessary to say, of course, that we observe the necessary precautions of disinfecting before leaving a case and going to another."

Dr. Louis I. Harris, Chief of the Bureau of Preventable Diseases, New York City, reports that periodic investigations have been made at the height of the season to determine whether the nurse doing generalized communicable disease work spreads diphtheria while taking terminating cultures. These nurses may go to scarlet fever patients. This, of course, is one of the most intimate contacts, and no evidence has been found of cross-infection. Studies of the more intimate relation of the physician and patient were made to ascertain whether the medical men are agents, which showed only rare instances of cross-infection. Dr. Harris believes that while physicians are less disciplined in technique than nurses, it is a question not of function but of how intimate the contact, the intermediate transmission of infection being negligible.

In Providence, R. I., Dr. Chapin feels that it is quite safe for the staff of the Providence District Nursing Association, following proper precautions, to care for contagious diseases, laying special emphasis on the excellent training these nurses have had in communicable disease technique.

Technique

Is not then the crux of the whole discussion, not the question of statistical evidence, since health officers and visiting nurse directors say their records are clear, but a question of technique?

. . . . . .

In Philadelphia where the Visiting Nurse Society has carried on communicable disease work since 1920, employing a general staff, the technique is very carefully worked out and rigidly observed.

The medical advisory committee of the Henry Street Visiting Nurse Service passes upon the bulletin of instruction which forms the basis for the new nurse's training in communicable disease routine. This committee in approving a *generalized* nursing program believes that nurses should not go from scarlet fever or erysipelas to maternity patients. On this point Dr. Emerson stated that the technique of the nurse was adequate even under such conditions.

What then is technique?

In this country the visiting nurse organizations have adapted hospital principles to the conditions of the tenement home what is known as "bag technique." Because this bag is used in many homes, the routine of protecting its contents from contamination becomes a part of the very being of the visiting nurse. . . .

When we were first fighting this old problem of cross-infection in hospitals, we found that first physicians and later nurses were the source of infection because of faulty technique. Later, the hospital personnel learned that individual articles for patients, the washing of hands and the wearing of gowns made it possible for one nurse to care for many different types of cases in a single ward.

Dr. Hermann Biggs often commented on the fact that the medical profession and not the lay public was difficult to convince. Read David Masters' new book, *The Conquest of Disease*. It is the medical men who have been the Doubting Thomases, when the greatest discoveries of the world have been brought forth by their own profession. Is there not, perhaps, something of this state of mind in the cities where health departments are still locking the patient's door to the visiting nurse who with bag in hand is able to teach the most ignorant mother in a way she understands at a time when she is most eager to learn?

ABSTRACT OF DISCUSSION

Haven Emerson, M.D.—It is quite obvious that the evidence presented has not the accuracy or sufficiency of an exact epidemiological study. We cannot say at the moment that no public health nurse, anywhere in this country, engaged in generalized nursing has been the means of conveying communicable disease from a family which had it to another family previously uninfected.

Up to the present time, it is safe to say, however, that no reasonably adequate evidence has been brought forward as a means to incriminate the nurse in transmitting disease which would not equally apply to the family physician.

I hope you will notice the precautions taken and the specifications of technique and equipment that Miss Wales has described. She is dealing with nurses with good educational qualifications, who have not only had nursing training, but experience in contagious disease work under supervision and have come into an organization which has established a technique which is a credit to medical science. The simplicity and the adequacy of the technique employed by well trained nursing organizations in using the equipment from their bags is quite comparable to the training inculcated in medical students and physicians' minds in doing maternity delivery service, provided by lying-in hospitals and medical schools. The contents of the bag and its arrangement, the provisions for the emergencies of a day's work, the order in which these articles are handled, the preparation of the vicinity of the infected person, all are provided for in the technique of such organizations as those of Philadelphia, St. Louis, New York and Chicago and many others with which I am familiar.

Louis I. Harris, M.D.—Bedside nursing calls for an intimate contact which does not exist ordinarily in the case of the field worker in communicable disease supervision and control. Therefore, we have to keep those two categories rather clearly separated in our mind.

With respect to the communicable disease field worker, it would be folly to overemphasize the intimacy of contact. The district nurse who does work in connection with the supervision and control of communicable disease is not in very intimate contact with the case. She does epidemi-

ologic service in part. Is it not rather queer and paradoxical that we permit mothers, not only as a matter of practical necessity, under certain restrictions and on the assumption that they will observe certain precautions, to take care of a sick child, and then debate seriously whether we shall permit nurses who go into the home for field work in the control of communicable disease merely to enter the home? . . .

The bedside worker offers us a different problem. Her work, though carried on in the home, is analogous to that of the nurse working in the contagious disease hospital. Every hospital for the care of communicable disease cases has found its *bête noir* to be cross infections. But cross infection, as Dr. Emerson has shown very well from his study in the Willard-Parker Hospital, can be prevented if there is intelligent, diligent and conscientious application of current knowledge in the technique of the nurse or the attendant. . . .

We have taken cross sections of dispensary experience at various times which include a very large number of cases dealt with most intimately. From our experience with those who handle thousands of cases in the space of a short time, we derive ample warrant to feel that we may permit our communicable disease nurses to engage in general bedside nursing service, provided that the surgical technique, such as the Henry Street Nursing Service and other visiting nursing organizations carry out, will be employed.

I believe that without the body of scientific evidence, which would give us greater courage and greater justification, we have, nevertheless, on the basis of experience, a sufficient knowledge to warrant our fearless continuance and expansion of the work of field nurses to include bedside nursing care of communicable disease cases.

Alta E. Dines—I cannot let this session pass without a plea for nurses who are sufficiently educated so that we need never fear the carrying of infection from one patient to another. I cannot imagine any board of health or any private organization that would be willing to have a nurse on its staff who could not carry out proper bedside nursing technique. That is the standard we have set for the public health nurses of this country.

Dr. Roberts—Challenging at least one statement made by Dr. Harris, my experience with measles is that you will take it if you come within gunshot. I believe, where you have nurses handling cases of measles, whooping cough and diphtheria as a routine, you have to have immunes and only immunes to certain diseases if it is going to be successful. . . .

I do not think you could consider the question of nurses doing bedside work with respect to communicable disease or ordinary routine work without considering two things: First, the question of mass infection, stressed by Dr. Harris; and, second, the question of immunity and non-immunity.

Charles V. Craster, M.D., D.P.H.—I think Dr. Roberts has put his finger on a good point, that is, the question of immunity. Are we justified in allowing susceptible nurses to handle contagious cases? In our hospital we had quite a continuous string of typhoid cases among the nurses, and very frequently the disease was transmitted to other patients in the wards.

Several years ago the practice of immunizing nurses was introduced. Since then we have not had a single case of a nurse with typhoid fever; neither have we had a cross infection of typhoid cases in other cases in the wards.

In Newark, so far as I know there has been no instance of cross infection by the visiting nurses going from one case to the other. Where the proper precautions are taken, there should be no fear that the danger is sufficiently great to feel that it will be carried. I know from a social point of view it is well worth while.

Herman E. Pearse, M.D.—I took part in a crusade against allowing nurses to leave the smallpox hospital many years ago. The head nurse allowed the contagious disease nurses to go to the general dining room and mix with the general nurses. They observed a certain technique. To my chagrin and my delight no infection took place when these nurses mingled in the general dining room. From step to step, we followed that epidemic of 1912 or 1913. The second epidemic was in 1917 and, being health commissioner, I was then on the other side of the question. With about 10 cases of smallpox a day, and an average of 50 in the hospital all the time, nurses and internes were asked not to appear in the general dining room or on the play or recreation grounds of the hospital, nor in any way to come in contact with other people. I went out to the hospital and stopped it. They followed the technique as given by the Visiting Nurses Association. We had no cross infection, we had no conveyance of smallpox. We discovered that with reasonable precautions we could throw down the bugaboo man of shutting up everybody into cages. . . .

The nearer we follow this same rule and the carefully built up practices of the district nurse, the safer we are going to be, I think, in handling our infections.

Miss Wales—I want to take up one point that was brought out by Dr. Roberts regarding the immunization of nurses. I think we are making progress in that respect since we are using our medical advisory committees. We are instituting health examinations yearly, and asking the nurses to pass the necessary immunity examinations where they find they are susceptible to the various diseases.

MENTAL HYGIENE WORK WITH THE PRESCHOOL CHILD

By Helen Chesley Peck, R.N.
Executive Secretary, Infant Welfare Society of Minneapolis

Third in the series of *Reports on Mental Hygiene Programs of Public Health Nursing Services* printed in the March and April numbers. The questions concerning policy and methods which were printed in the March number are answered in this article.

1. The Infant Welfare Society was organized in 1910. In 1920 mental hygiene work with a special group of children of preschool age was begun.

2. *Why was the work undertaken? To meet a specific need?* This work was undertaken on the part of the Infant Welfare Society to demonstrate the importance of considering the child from a mental as well as from a physical viewpoint and to prove, if possible, that many behavior problems in older children can be prevented by early training.* Coöperating with the Infant Welfare Society the Home Economics Department of the University of Minnesota assisted in opening this demonstration because of its need to provide field work for students in its child training courses. The Home Economics Department continued to send a limited number of students into this field until the fall of 1925.

3. *How are cases selected? How is work limited?* The cases are referred by:

Staff nurses and workers in other agencies, who realize that there is a definite problem in the behavior of the preschool age child which is probably due to lack of understanding and faulty handling by the parents.

Parents themselves, not because they recognize a problem in parental training, but to correct a situation they feel must be due to physical defects.

The service has always included some cases which seem to be solely physical or solely nutritional problems in which the child shows no definite behavior difficulty. This plan gives a better balanced program for the workers, so that they will not neglect considering the child as a whole.

Some attempt to organize study groups among these mothers and mothers recruited from the infant clinics was made in 1924–1925, but the Society has never been adequately equipped to carry on this type of work. Since the opening of the Child Welfare Institute at the University of Minnesota in 1925 these classes have been conducted by their Extension Department and will probably develop rapidly.

As the work has developed and more cases have been studied it becomes more and more evident that many of the problems should have been discovered earlier or perhaps could have been prevented entirely had the mother been instructed earlier. The Infant Welfare Society felt it might attempt this preventive work in the infant clinics, gradually extending the period of supervision. In 1924 the age of discharge from the infant clinics was raised to three years of age and in 1925 to four years. As a means of teaching the mother and nurses, a "Progress Chart" (see page 408) is kept for each infant after 12 months of age, the progress being checked every three months. The normal child is seen by the physician at the clinic every six months and by the nurse in the home between clinic visits. If the parents are having any problem in handling the child the case is referred to the preschool clinic where more special and intensive attention may be given.

4. *Character of work.* The service consists of individual consultation with the physician at the clinic and intensive

* E. J. Huenekens, M.D. The Preschool Child, *Journal of American Medical Association*, August 15, 1925.

follow up work in the homes, the frequency of the home visits depending on the case. Any physical defects are corrected, adequate diet secured and the behavior problems considered. A mental test has been made possible for each child since 1923, through the coöperation of the Department of Psychology of the University of Minnesota. The testers come to the clinic station to examine the child. The cooperation of both parents is sought and every attempt made to render the environment suitable. Books relating to her problem are loaned to the mother from the clinic library. In her conference at clinics she is asked about her reading. The demand for the books is a constant surprise to the workers.

5. *Plan of work.* The Supervisor of the preschool cases is not personally responsible for all cases. She attends all the preschool clinics and supervises the other workers, thus keeping in touch with the progress of each case. As the work developed some of the staff nurses were assigned a few cases with the idea that, after they had been given special training, the home visiting for both infant and preschool clinics might be done by the same nurse. This plan has been tried, but has not been successful enough to continue. It has not been possible to give enough training to the nurse while in the field. The nurses themselves feel they have not enough background and experience to advise these mothers with problem children. Class work and special reading is necessary for the preventive work that is done with normal children in the infant clinics. Until some other plan of training the staff is worked out the preschool clinic cases will be carried by a staff of two or three nurses who have had special training or experience in this type of work.

6. *Necessary qualifications for worker.* In the beginning it was difficult to know what sort of qualifications were necessary for the head worker. The first supervisor was an instructor in Dietetics at the University of Minnesota, but was a special student of child training. One of her students carried the work for two years. Following her was a trained social worker who had had a special course at Merrill-Palmer Nursery School. All have made a definite contribution to the development of the work. They have all expressed the thought that a nurse with adequate training would make an excellent supervisor for the following reasons:

> This is a nursing organization and all her contacts are with the nurses. A nurse would better understand the background of the staff.
>
> There are many physical aspects of the cases which are more readily understood by the nurse.
>
> The nurse is more experienced in working with the medical profession.
>
> The mothers are more accustomed to nurses in the home and seem to feel with them a bond of sympathy and understanding not always attained by other workers in the families.

Our present supervisor is a college graduate with nurse's training and some executive experience. After experience in the Preschool Department she has recently spent three months at Merrill-Palmer Nursery School.

7. *Medical director.* The medical director and two other staff physicians conduct the preschool clinics. All are pediatricians and students of child training. The physicians and the workers meet regularly for discussion of specific topics, for case conferences and for book reviews.

8. *Tie-up with other psychiatric work in community.* In 1924 the Child Guidance Clinic became a permanent activity in Minneapolis under the Board of Education and it has cooperated in taking the cases which have been most difficult and needed most intensive examinations and supervision.

9. *Measurements.* No measurement of the work has been attempted. The Infant Welfare Society has no funds for research work, but the Institute of Child Welfare and the Department of Psychology of the University have made several studies from our case records. They have assigned special workers to some of our cases for a

variety of studies.* Although there has been no study of costs of the Preschool Department the service is much more expensive than the infant work. Less than half the number of children can be seen in the preschool clinic period than in an infant clinic. The home visits require almost twice the time, are made more often and therefore the time spent in recording them is high. Correspondingly the time spent in home visiting and recording in the infant department has also increased somewhat since the nurses are considering the behavior as well as the feeding of the younger infants.

INFANT WELFARE SOCIETY

PROGRESS RECORD

Name of Child Date of Birth Sex

	Date	Date	Date	Date
Achievements				
Use of tooth brush				
Dresses self				
Feeds self				
Toilet—bowels				
Toilet—bladder				
Play—kind				
out of doors				
playmates				
Sleep—kind				
Alone				
Windows open				
Hour to bed				
Hour up				
Nap hours				
Food Habits				
Appetite				
Regularity				
Eating bet. meals				
Cereals				
Vegetables				
Fruit				
Meat or eggs				
Milk–Tea–Coffee				
Sweets				
Behavior Problems				
Speech				
Whines				
Tantrums				
Fears				
Night terrors				
Masturbation				
Nervous habits				
Management				
Punishment				
Literature Read				

Progress Chart used by the Infant Welfare Society of Minneapolis, reduced from size 8 x 11 inches

* The Institute of Child Welfare of the University of Minnesota is publishing a bulletin of one hundred case studies of preschool children, twenty-five of which are taken from the records of the Infant Welfare Society. This will be available in the fall for a small charge.

A recent publication of the Infant Welfare Society of Minneapolis is *Your Child—Addressed to Fathers and Mothers.* See Book Notes Department.

That old dame Nature did contrive
  That every boy and every gal
That's born into the world alive
  Is either a little liberal
Or else a little conservative
Iolanthe—Sir William Gilbert

THE SITUATION OF MIDWIVES IN THE COUNTIES OF MARYLAND

By J. H. Mason Knox, Jr., M.D.

Chief, Bureau of Child Hygiene, State Department of Health, Maryland

The eighth in the series on Midwifery, published in the October, November, December, January, March, April and June numbers.

THE so-called midwifery problem is unequally distributed in the 23 counties of Maryland. The number of midwives in active practice is larger in those counties bordering on the Chesapeake Bay in which a large proportion of the colored population lives.

The survey made by the Bureau of Child Hygiene three years ago showed about 700 midwives practicing in the counties of the state. To this number should be added, perhaps, 200 women who occasionally take cases. Among the 700, 500 were colored and about 200 white. Midwifery in Maryland is a profession of middle and old age; practically no young women are engaging in this occupation. There are but 14 in the state under 35 years of age and more than 100 practicing who are over 70 years old.

The only training that the midwives in Maryland have had is "practical training," that is, some experience with physicians. Very few of them have been either to a hospital or a school. Investigations made in a number of counties have shown that midwives offer the only service available to a large number of families, especially in the winter when transportation is difficult. Moreover, midwives are the deliberate choice of a considerable number of women to whom services of doctors are available. In general, about 20 per cent of the births taking place in rural Maryland are conducted by midwives and about one-half of the births among the colored mothers.

The law relating to midwives was modified at the last session of the legislature in Maryland, in 1924. It provides that "only licensed practitioners of medicine or midwifery can attend women in childbirth, habitually or for compensation." It provides also that "a woman of good character and qualifications, who can pass an examination before two physicians named by the State Board of Health in the county in which the applicant lives, can secure a license."

It provides also that "a midwife shall notify a physician or health officer if the child is not delivered spontaneously in normal time, if its eyes become inflamed or sore, or if the mother develops a fever." It requires the use of silver nitrate solution to be furnished by the State Department of Health.

It requires also that "the midwife should file a certificate of birth within four days." The law prohibits that the midwife shall "practice medicine, prescribe drugs, take charge of any abnormal confinement, make internal examinations, or use instruments." It provides a penalty of not less than $5 nor more than $100 for violating these provisions.

A midwife who shall be twice convicted shall, in addition, forfeit her license to practice.

Because such a large proportion of the births in rural Maryland is now conducted by midwives who are, most of them, without adequate training, it was felt that the midwifery problem is an urgent one from the standpoint of child hygiene and that in the counties where midwives were active, a course of instruction should be offered. This is now being done by a well trained woman physician with the assistance of the county health officers and the public health nurses. A carefully considered course of 8 lessons with demonstrations is being given and followed by an examination. Those midwives

who do not choose to take the course and who are not licensed, will not be allowed hereafter to practice. Those who take the course and satisfactorily pass the examination, though at present unlicensed, will be given a license.

Arrangements are being made for the examination in the State Laboratory of urinary specimens of expectant mothers so that there will be no excuse for the midwives to neglect this important part of prenatal care.

As a result of these courses it is hoped that we may have a considerably smaller number of midwives of greatly increased training and in this way both the maternal and infant mortality rate in Maryland will be further reduced.

NATIONAL CONFERENCE OF SOCIAL WORK

Assembled in Cleveland for its 53rd Annual Meeting, the National Conference of Social Work spent the week of May 26th to June 2nd in discussing the state of being in which Organized Charity—become in 53 years so astonishingly specialized and diversified—now finds itself.

The programs of the twelve regular divisions of the Conference, relating to different aspects of social work, and the meetings of the twenty-seven kindred groups left little untouched in the field of social welfare. The Division on Health brought out anew how closely social work and public health nursing dovetail into each other in any community program. The appointment of Dr. William S. Snow to the chairmanship of this Division for the coming year gives us promise of continued constructive thought upon this subject.

Perhaps no more succinct summing up of the general trend of the Conference can be given than the phrase "From Social Work to Social Science." This is the title of an editorial which appeared in *The New Republic* of June 2nd. Social work, advancing from the status of alms-giving "for the glorification of the soul of the giver" now recognizes two factors in the total process of adjustment: the individual and social organization. To quote from the article: "Professional social workers of the past have been over-eager to bring pressure to bear upon individuals out of adjustment, but they have not been equally zealous critics of social institutions. Younger social workers—younger, that is, in method—are not contented to enter a profession which aims to minister to the unadjusted, dependent, delinquent and defective individual of society without being at the same time free to inquire into the ways by which such a society is manipulated, the ways by which the accepted social process itself becomes one of the causes of maladjustment. . . . Indicative of its promise for the future are its changing technique, its striving for positive or preventive methods and the astounding dynamic of its most devoted supporters."

THIRTIETH ANNUAL CONVENTION, NATIONAL CONGRESS OF PARENTS AND TEACHERS—MAY 3-8, 1926, ATLANTA, GA.

Anyone attending the meetings of this earnest group of parents and teachers must have been impressed with the great strength which is embodied within this organization. From the reports on branch development it is evident that this is a growing organization. A goodly number of men were present, and the reports indicated increased interest on the part of fathers in the organization.

Health—physical, mental, emotional, moral and social—occupied a major portion of the program with such well known speakers as Dr. Caroline Hedger, Dr. Frankwood Williams, Dr. George Coe of Columbia and Judge Camille Kelly of the Juvenile Court of Memphis.

The president, Mrs. Reeve, has described the Summer Round-Up of Children, their national project, as the first movement to place where it belongs, squarely upon the home, the responsibility for sending to school a child ready to be taught, 100 per cent free from remediable defects. The movement was launched in the summer of 1925 and has already accomplished a great deal. The work has been made a permanent activity of the Congress. This year's Round-Up was launched on May Day.

The United States Bureau of Education is coöperating and the *Delineator* is giving prizes again this year to the five associations reporting the best Round-Ups.

A score card and examination blank was prepared and approved by the president of the American Medical Association. These, together with other information, may be obtained by associations which are members of State Branches from the campaign director, 5517 Germantown Avenue, Germantown, Pennsylvania.

Public health nurses all over the country are coöperating in the health projects of the Parent-Teacher Associations and are finding in these groups loyal support in their efforts to promote the cause of child health and community welfare.

BEATRICE SHORT, *Secretary for School Nursing*

THE PAN-AMERICAN RED CROSS CONFERENCE

By Elizabeth G. Fox

Three impressions linger in our mind now that the 150 and more Red Cross delegates to the Second Pan-American Red Cross Conference held in Washington in May have departed to their several countries in Central and South America and in Canada. One is of the contrast between our tense, direct, bald way of talking and acting and the ease and grace of manner and expression of our Latin-American neighbors. Even though understanding no Spanish, in which much of the Conference was held, we could not mistake the fluency, the eloquence, the courtliness, which seemed their natural possession.

A second impression is of the coming alive, so to speak, of South America in our imagination. To our provincial mind it was just an uncharted continent on the map, but the distinguished delegates with whom we daily met made us blush for shame at our ignorance. We sneaked away to an unnoticed corner to discover the whereabouts on the map of the sixteen countries from which they came.

As we listened to their accounts of their struggles and achievements and aspirations their countries took on for us reality, vividness and importance.

The universal character, importance and vitality of the Red Cross was the third impression that will remain with us. Judge Payne in his toast at the concluding dinner spoke of the Red Cross flag as the flag of all nations, however called—be it the Red Cross, *Croix Rouge, Cruze Roja* or something else, its adherents speak of it with the same devotion and recount its humanitarian labors the world around. The most restrained Anglo-Saxon could not but be fired with the honor with which our guests saluted the Red Cross, symbol of altruism which knows no national boundaries, no barriers of race, religion or politics.

To the Conference came not only the delegates from the Red Cross Societies of the Americas, many of whom are men of great distinction in their countries, but also guest delegates from Red Cross Societies in Europe and Asia and representatives from two score international and national associations concerned with health, nursing or social welfare.

There were general sessions and plenary sessions and serious deliberations culminating in a long series of resolutions recommending undertakings of wide range to the Red Cross Societies represented. From the opening luncheon to the closing dinner at the Pan-American Union, which was attended by Vice-President Dawes, and a distinguished company of diplomats and government officials, social affairs, too, were the rule, including buffet luncheons, teas, dinners and late evening receptions. At the reception given by the Mexican ambassador at the Embassy, the guest list included, in addition to the delegates, the entire diplomatic corps, and the many nationalities, the color, the picturesqueness of the Mexican entertainers, the sparkle of the young people dancing under the many colored lights, made a spectacle seldom rivaled even in Washington for charm and splendor.

There was also a luncheon on board the *S.S. Porpoise* of the Navy and a trip to Mount Vernon to lay a wreath on Washington's tomb, which, by the way, the delegates thought much too modest. There was a trip to Arlington to honor our Unknown Soldier, and other excursions.

Aside from the pleasure of it all what good came out of this assembling of representatives of the Red Cross Societies of the world? We would say the fruits were friendship, understanding, new ideas, renewed devotion to the purposes of the Red Cross and a sense of our world union in one great cause.

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

THE NEW RECORD FORMS

Records have been an ever present and insistent problem in public health nursing. As year by year, greater business efficiency has been expected of the public health nurse and as community programs have been increasingly seeking public support, more and more emphasis has been given the matter of records and reports. The new records which were presented at the Biennial Convention at Atlantic City as the result of one and one-half years of untiring and careful work on the part of the Committee on Records, working with staff members, represent an outstanding achievement in public health nursing. The Committee on Records is to be a continuing committee and has in mind as a next project the preparation of administrative reports, such as daily and monthly report forms.

We print below the Instructions which have been prepared to accompany the record sets.

It is a matter of great satisfaction and pride not only to the Board and staff, but beyond doubt, to the membership as well, that these records are now available.

INSTRUCTIONS FOR THE USE OF N.O.P.H.N. RECORD FORMS

The purposes of public health nursing records are briefly:*

To furnish the data on which to base an accounting of stewardship.

To contribute to the care of the patient.

To improve future health services.

These record forms are so designed that the nurse may work with the family as a unit.

The new and significant features of the system are:

A simplified family folder which provides for the recording of changing conditions and, on the inside, for a summary of all cases of individuals carried.

A tuberculosis record which provides for important changes in health conditions, the reverse side of the record to be used for periodic summaries.

A maternity record which provides for successive pregnancies by means of summaries.

A continuous history and developmental record for the child from birth to maturity.

A definite content of visit provided for nursing visits by means of a uniform checking system, the detailed record of visits to be destroyed if desired, following summary on the reverse of the case record.

The Record System includes:

Family Folder
Index Card
Morbidity Record
Continuation Morbidity Record
Record of Home Care
Tuberculosis Record
Tuberculosis—Record of Visits
Maternity Record
Maternity—Record of Visits
Child Health Supervision Record
Child Health Supervision—Record of Visits—Infant
Child Health Supervision—Record of Visits—Preschool or School Age
Medical Conference Record
School Health Record

Daily and monthly reports—to be revised later.

* See THE PUBLIC HEALTH NURSE, July, 1925, pp. 389–390, for a full statement of purposes, prepared by the Committee on Records.

FAMILY FOLDER

The family folder system gives a complete picture of the family at a glance.

The *Family Folder* is recommended for health supervision and when any social or economic problem is indicated. It may or may not be used in the following instances:

When there is no social or economic problem.

When only one or two visits to an individual in the family are necessary and no other member of the family is being or has been cared for.

The names of individuals carried should be entered on the space for summary on the inside of the family folder as soon as the case is opened, with further information added at the time this case is closed.

INDEX CARD

This is an individual identification card which is of value in determining readily whether the patient is or has been under care; included on this card are only minimum data for quick identification.

RECORDS FOR MORBIDITY SERVICE

The *Morbidity Record* is to be used for all current cases of illness, medical, surgical and communicable other than tuberculosis. If used for communicable disease, the data concerning contacts may be given under remarks. When closed the record may be filed separately after the summary on the inside of the family folder has been completed, or it may be destroyed if of no permanent value.

The *Record of Care* (Bedside Notes) is to be left in the home and used by all who are concerned with the care of the patient.

RECORDS FOR TUBERCULOSIS SERVICE

The *Tuberculosis Record* is intended for use in all diagnosed cases. It may also be used for suspicious or undiagnosed adult cases. Such cases should be flagged or otherwise specially marked. Contacts and predisposed cases among children should be recorded on the special health supervision forms provided for their age groups, these records being also specially marked.

The *Tuberculosis Record* is planned to provide entries throughout the period of illness. Space is allowed on the reverse side for periodic summaries. Yearly summaries are recommended but the interval between summaries will vary according to the type of case carried.

The *Tuberculosis Record of Visits* lists important symptoms, conditions and habits which should be watched for in the care of the tuberculosis patient. It provides for a checking system with space on the reverse side for notes on unsatisfactory findings and on service rendered. After summary these records of visits may be destroyed if of no permanent value.

MATERNITY SERVICE

The *Maternity Record* provides for care of the mother through successive pregnancies, with space allowed on the reverse for summary of conditions and care given. Summary of delivery data should be recorded in the space provided on the face card under History of Pregnancies.

The history of the new-born child is started immediately on the *Child Health Supervision Record.*

The *Maternity-Record of Visits* is a continuation record designed to be used for either ante or post-partum care or for both services. On the reverse side of the record should be given notes on unsatisfactory conditions and on services rendered. After a summary is made *Record of Visits* may be destroyed if desired.

For the case taken up as *ante-partum* fill in all data except that marked *post-partum only.* For the case taken up as *post-partum* all data except the *ante-partum only* should be entered. Blood pressure has been included both for ante-partum and post-partum periods in order that an abnormal blood pressure noted in the ante-partum period may be re-checked if desired in the post-partum period.

This maternity record is designed for use with the family folder system.

It is recommended that a special maternity record be used by organizations carrying maternity as a specialized service.

CHILD HEALTH SUPERVISION RECORD

The *Child Health Supervision Record* is a single record which can be used from birth to maturity.

Record of Visits—for the *Infant* and for the *Preschool* and *School Age* child—have each a checking system which acts as a reminder of important conditions to be watched. This record may be destroyed if desired after a summary has been made on the reverse of the face card.

MEDICAL CONFERENCE RECORD

A *Medical Conference Record* is provided for the use of physicians at medical conferences, and may be used from infancy through school age.

SCHOOL HEALTH RECORD

This record is designed for the use of school nurses or for community nurses who give a school nursing service. This record will probably be left in the school.

The *School Health Record* is not a part of the family folder system.

General Comments

Except for the *Family Folder* and the *Index Card*, all record forms are of 5 x 8 bond paper. The permanent face sheet is of heavier quality than the continuation sheets, which are for temporary use only. The index card is a light-weight 3 x 5 card. The *Family Folder* is an 8 x 10 very tough manila card which folds as a 5 x 8 container in which all of the individual case records of the family may be kept.

A uniform code for checking has been included on all records where this is necessary.

It is suggested that when alternate terms are given, the term applying be underlined or encircled.

The material on the record forms is so arranged as to provide a simple method of tabulation for important statistical data.

No hard or fast rules can be made for the use of these records. All entries must be adapted to the particular needs of the organization, but it is believed that the system is based on sound principles and is sufficiently elastic to meet the need in most situations.

The record forms are available from Mead & Wheeler Co., 1022 South Wabash Ave., Chicago, Ill. The price list and sample set will be sent directly from there on request.

Revised daily and monthly reports will be ready about January 1, 1927, following further study by the Committee on Records of the essential items to be included as a basis for reports on nursing activities.

REPORT OF THE SECTIONS OF THE N.O.P.H.N. GIVEN AT THE BIENNIAL CONVENTION, ATLANTIC CITY, MAY 22, 1926

TUBERCULOSIS SECTION

The Tuberculosis Section of the N.O.P.H.N. met on May 18. Approximately six hundred members were present.

The secretary of the section reported that the section officers had followed up the survey of 1923 in order to continue the excellent work done by Miss Holmes, of the results of which survey a brief report was read. This showed that 24 states were giving some consideration to methods for teaching their student nurses the theory and practice of nursing the tuberculous; that 18 states gave definite lecture courses on this subject in one or more schools; that the percentage of the annual graduates receiving this ordered education was very small.

Miss Mary Carter Nelson read an

excellent paper on a lecture course prepared and given by her in every school of nursing in New Jersey, with the exception of the two which already have such instruction. These have been widely attended and have proved very successful.

Miss Katherine Densford discussed the paper, dividing her discussion into "Why," "How" and "When," to each phase of which she gave a most illuminating presentation.

Dr. John A. Smith of the National Tuberculosis Association then spoke of the need for more knowledge on the part of the nursing profession, particularly along the lines of the rehabilitation of the patient. He discussed briefly the difficulty in providing training; the Rockefeller Foundation, he announced, is planning to subsidize the training school at Trudeau Sanatorium, Saranac, where the education of nurses has proved costly.

Miss Elizabeth Criswell spoke briefly of the work with the Grenfell Association in Labrador. She stated that tuberculosis is one of their major problems, both because of living conditions and nutritional problems.

The following officers were elected:

Chairman: Mary Carter Nelson, New Jersey.

Vice-Chairman: Violet Hodgson, Connecticut.

Board of Directors, Nurse Members: Harriet Fulmer, Illinois; Marion Crowe, Oregon; Virginia Chetwood, New Jersey; Agnes D. Randolph, Virginia.

Board of Directors, Lay Members: Mrs. John W. Blodgett, Michigan; Mrs. Sadie Orr Dunbar, Oregon; Mrs. W. Kesley Schoept, Ohio.

Miss Agnes Randolph, Virginia, was elected Secretary of the Section at a special meeting of the officers.

AGNES RANDOLPH, *Secretary*
Richmond, Virginia

CHILD WELFARE SECTION

As there was no time for regular business at the morning session which was devoted to the program, a special business meeting was called, at which the advisability of continuing the section was fully discussed and the difficulties attendant on making it function.

It was voted at this business session that the section be discontinued but it was recommended that at each Biennial Convention sessions concerning the work with the preschool child be held.

The section was formed at the Biennial meeting at Atlanta, Georgia, in 1920. The first year the section was fairly active but during the period between 1922–24 it did not function. In 1924 it was thought that interest might again be revived because at that time the N.O.P.H.N. had a preschool nursing secretary.

The American Public Health Association and the American Child Health Association each have a Child Hygiene Section in which nurses take an active part. It was the opinion of those present at the meeting that there would be no danger of losing the interest of nurses in the N.O.P.H.N. because the infant and preschool work is so well established throughout the country.

It was recommended that the Board of Directors of the N.O.P.H.N. be asked to appoint an advisory committee on infancy and preschool work and that this committee be instructed to ascertain through the N.O.P.H.N. not only what is being done in the field of infancy and preschool work by its member agencies but be instructed to make a definite connection with other organizations having similar interests.

Miss Kraker reported that the N.O.P.H.N. as Nursing Division of the American Child Health Association is carrying on continually an extensive service in the prenatal, infant and preschool field.

PHYLLIS M. DACEY, *Chairman*
Kansas City, Missouri

INDUSTRIAL NURSING SECTION

The third Biennial Meeting of the Industrial Nursing Section was held on May 21st, 1926, during the American Health Congress at Atlantic City. About three hundred and fifty members were present.

The meeting was called to order at 2:30 P.M. by the Chairman, Miss Mary Elderkin. The reports of the meetings held in Detroit and Cleveland were read and approved.

The ensuing program was divided into two parts, (a) What the Industry Expects of the Nurse, (b) What the Nurse Can Give to the Industry.

The first part of the subject was presented by Miss Florence Berry, Prophylactic Brush Company, Florence, Massachusetts, followed by Miss Elizabeth A. Gamble, Union Carbide Company, Sault Ste. Marie, Michigan, with a discussion by Miss Ethel L. Brown, the Hoover Company, North Canton, Ohio, and Miss M. Squire, Gimbel Brothers, New York City.

The second part of the subject was presented by Miss Ruth Wendell, Chicago Trust Company, Chicago, Illinois, followed by Miss Julia Weder, Hazelton, Pennsylvania, with discussion by Miss Marie Brockman, Southwestern Bell Telephone Company, St. Louis, Missouri.

The following officers were elected:

Chairman: Marie Brockman, Southwestern Bell Telephone Company, St. Louis, Missouri, to serve two years.

Vice-Chairman and Secretary: Ruth C. Waterbury, Metropolitan Life Insurance Company, Industrial Group Insurance Division, New York, to serve two years.

Board of Directors, Nurse Members: Mrs. Marion T. Brockway, House Mother, Metropolitan Life Insurance Company, New York, to serve one year; Mary Elderkin, Union Carbide Company, New York City, to serve two years; Evelyn L. Coolidge, Lever Brothers, Cambridge, Massachusetts, and Mable W. Phelps, Bush Terminal Company, Brooklyn, New York, to serve three years.

Board of Directors, Lay Members: Dr. Cassius B. Watson, Medical Director, American Telephone and Telegraph Company, New York, to serve two years; Mrs. Austin Levy, Harrisville, Rhode Island, to serve one year.

MABLE W. PHELPS, *Secretary*
Brooklyn, N. Y.

SCHOOL NURSING SECTION

The meeting was called to order by the Secretary for School Nursing, N.O.P.H.N., and the presiding officer, Miss Anna L. Stanley (serving in the absence of Miss Flora Burghdorf, the Section Chairman), was introduced.

The business of the Section was postponed until after the joint program of the Section with the American Child Health Association.

This latter was exceedingly interesting and held the attention of the audience which filled the hall to capacity. An unexpected feature of the program was the introduction of Mrs. Lena Rogers Struthers, our first school nurse in America. The audience showed its appreciation by rising. Mrs. Struthers spoke briefly of the beginnings of school nursing and of her pleasure in its growth.

It was difficult to hold the business meeting, due to the confusion caused by people leaving the room. Only 84 nurses signed the cards which section members were asked to fill out.

The report of the Chairman previously submitted to the Board was read and placed on file.

The report of the Program Committee was read and placed on file.

The following *Suggestions for a Section Interim Program* were submitted by the Executive and Program Committees and read by Miss Beulah Gould of New York, Chairman of the Program Committee, who moved their adoption. The motion was seconded by Miss Elizabeth M. Murphy of New Hampshire and passed unanimously.

To secure speakers in different states, qualified to talk on school nursing:
- *a. To nurses in training
- b. To nurses in service
- c. To lay groups.

To make available a bibliography for such speakers.

To put before Boards of Education, Health Department Directors, Parent Teacher Associations and other groups:
- a. The objectives, scope of the work and methods in school nursing
- b. The desirable qualifications for public health nurses.

The report of the Nominating Committee was presented. Nominations from the floor were asked for; a motion was made, seconded and unanimously carried that the Secretary be instructed to cast the ballot.

Chairman: Anna L. Stanley, Pennsylvania.
Vice-Chairman: Cora T. Halgeson, Minnesota.
Board of Directors, Nurse Members: Flora Burghdorf, Michigan; Bertha Wilson, Oregon; Louise Hazelhurst, Georgia; Alice Dalbey, Illinois.
Board of Directors, Lay Members: Grace Abbott, U. S. Children's Bureau; Lillian McMally, Ohio.

BEATRICE SHORT,
Secretary Pro-Tem.

* There should be an increasing demand for such talks because of the course on "Modern Social and Health Movements" included in the New Standard Curriculum for Schools of Nursing.

INAUGURATING THE FEE SYSTEM—VOCATIONAL SERVICE

Everything is in readiness for launching the fee plan decided upon by the Executive Committee for the Vocational Service, July 1st. The newly appointed vocational advisory group, made up of six nurse and lay members of the N.O.P.H.N., is already active. The required license has been secured for operating under the laws of the State of New York. Records have been installed and the necessary forms and blanks have been printed. The terms have been outlined as follows:

- No fee will be charged for registration
- No fee will be charged for vocational counsel
- Fees will only be charged if the N.O.P.H.N. is responsible for initiating the placement
- Fees must be paid within two months of the date of going on duty
- Fees may be paid in two monthly installments of one-half the total amount
- 5% discount is allowed for payment in full in one month
- The rate of the fee is
  - One (1) week's salary for a permanent position lasting more than three (3) months
  - 2% of total salary received for a temporary position lasting three (3) months or less

These terms have been adopted so that our regulations will be as uniform as possible with those of the Vocational Bureau of the American Association of Social Workers, in view of our possible combination with that service on January 1st, 1927.

Letters have been sent to the nurses whose applications for placement were in the open file. Each registrant has been asked to return a signed agreement as to her willingness to pay the required fee and inform the N.O.P.H.N. immediately as to the position she accepts, the date of going on duty and the rate of salary. If the response of these nurses using the service is any indication of the ultimate success of the plan the N.O.P.H.N. has every reason to be optimistic. We have received many commendatory notes and so far not one word of opposition. This result together with the acceptance of the plan at the biennial convention assures us of the positive attitude of our members toward the experiment. The reception which has been given the plan is just one more bit of evidence of the growing sentiment among self-respecting professional groups in favor of payment for specific service rendered.

We do not wish to imply that we expect that the full cost of the service will be met by charging fees. Placement and Vocational work are costly when done on a sound educational basis—individual nurse's needs and community health needs must be constantly kept in mind. This seems a strategic time to launch this project because the N.O.P.H.N. can offer a service that has a record of more than four years of developmental experience and success.

We call attention to the following errors in the *Census of Public Health Nursing in the United States* printed in the May issue:

Chart I—New Jersey
164 N should be 614 N
Chart III—Pennsylvania
Agencies, Official 75 should be 475
Table 9, Column 2
"Total number of agencies" should be "Total number of cities."

The Census is complete for Continental United States but there are still the Outlying Possessions to be considered. According to the original plans information about public health nursing in the Outlying Possessions was to have been included in the report published in the May magazine. Because of the great amount of time involved in preparing the report for Continental United States, this additional information about public health nursing could not be included. It will be published in a forthcoming issue of the magazine.

OFFICERS OF THE LEAGUE OF NURSING EDUCATION AND THE AMERICAN NURSES' ASSOCIATION

The election of officers of the American Nurses' Association resulted as follows:

President—S. Lillian Clayton, Philadelphia, Pa.
First Vice-President—Elnora Thomson, Salem, Oregon.
Second Vice-President—Jane Van de Vrede, Atlanta, Ga.
Treasurer—Jessie E. Catton, Boston, Mass.
Secretary—Susan C. Francis, Philadelphia, Pa.
Directors—1926–30: Adda Eldredge, Madison, Wisconsin; Mary E. Gladwin, St. Paul, Minnesota; Clara D. Noyes, Washington, D. C.
Directors—1926–28: Elizabeth E. Golding, New York, N. Y.; Mrs. Janette F. Peterson, Pasadena, California; Emilie G. Sargent, Detroit, Michigan.

The officers of The National League of Nursing Education are:

President—Carrie M. Hall, Boston, Mass.
First Vice-President—E. M. Lawler, Baltimore, Md.
Second Vice-President—Marion L. Vannier, Minneapolis, Minn.
Secretary—Ada Belle McCleery, Evanston, Illinois.
Treasurer—Marian Rottman, New York City.
Directors—1925–27: Laura R. Logan, Chicago, Illinois; M. Helena McMillan, Chicago, Illinois; Isabel M. Stewart, New York, N. Y.; Helen Wood, Rochester, N. Y.; S. Lillian Clayton, Philadelphia, Pa.
Directors—1926–28: Sally Johnson, Boston, Mass.; Mary Roberts, New York, N. Y.; Mary C. Wheeler, Detroit, Mich.; Claribel A. Wheeler, St. Louis, Mo.; Mrs. Anne L. Hansen, Buffalo, N. Y.

The August Number will be devoted to the Biennial Convention

REVIEWS AND BOOK NOTES

THE ESSENTIALS OF HEALTHFUL LIVING

By William S. Sadler, M.D., F.A.C.S.
The Macmillan Company, 1925. $3.50.

The production of books on personal hygiene must be a favorite pastime of sanitarians, for it seems as if every physician or health worker who has any gift for writing, and some who have not, are busily engaged in this literary pursuit. This particular book comes from the versatile pen of a prolific author, who writes easily readable material for popular perusal. It is a compendium of useful facts on how to live in a salubrious manner and covers in a thorough way the entire field of personal health. Although generally sound, there is an occasional inaccuracy, and the scientific righteousness of the customary condemnation of tea and coffee and of tobacco is at least open to question. Although the author has purposely omitted any bibliographical material, such inclusions would be valuable to persons stimulated to seek further light on various special subjects. It would also show where he got some of his information. The book is one of the many which public health nurses can recommend to those among the enlightened laity who wish to know something, or something more, about how to live.

JAMES A. TOBEY

PUBLICATION OF PAPERS GIVEN AT THE AMERICAN HEALTH CONGRESS

The American Journal of Nursing is publishing in its July number:

Hearsay and Facts in Private Duty Nursing, by Janet M. Geister, illustrated by charts prepared by Dr. May Ayres Burgess. Reprints of this valuable article can be obtained from the American Nurses' Association, 370 Seventh Avenue, New York. Price, single copies, 15c; lots of ten or more, 10c.

Supervision and Teaching of Clinical Nursing—Methods of Increasing Ward Teaching and Improving Supervision, by Mary M. Marvin.

The American Nurses' Association—A Review of Its Work Since 1922, Presidential Address by Adda Eldredge.

Taking Courage, Presidential Address by Carrie M. Hall.

The American Journal of Public Health is publishing in its July number:

The Responsibility of State Health Departments in Heart Disease, by A. J. Chesley, M.D.

The Need of Epidemiological Research in Trachoma, by B. F. Royer. M.D.

Symposium on *Light: Light and Life*, by J. W. M. Bunker, M.D.; *Light in Relation to Nutrition, Development, Growth and Repair*, by R. I. Harris, M.D., and W. F. Tisdale, M.D.

The Journal of Outdoor Life is publishing in its July number:

Tuberculosis Outlines for Student Nurses, by Mary C. Nelson.

As we announced in our June number the papers and discussions of the *General Sessions* of the American Health Congress will be published in an attractive volume of about 100 pages. Included in this volume, which will be ready about August 1st, will be the titles of all papers presented at the Congress with notes indicating the magazines in which they will be published. To those subscribing in advance of publication the price will be $1.00 postpaid. After publication the price will be $1.50. Order from the National Health Council, 370 Seventh Avenue, New York City.

One of the most dramatic of the papers presented at the General Sessions of the American Health Congress was that of Dr. Alice Hamilton on *The Health Committee of the League of Nations*,* of which she is a permanent member.

We found on our return to our editorial duties an imposing pamphlet which we discovered was the first *Annual Report of the Health Organisation* of the League of Nations, for 1925. The report, the first of a series, begins with an historical summary of the early activities of the Epidemic Commission and the Provisional Health Committee. Other chapters take up in detail work of the Special Commissions of the

* This paper will be included in the volume to be published by the National Health Council.

present Health Committee, Interchanges of Public Health Personnel, Special Studies, New Work, Epidemiological Intelligence and Public Health Statistics.

The report is admirably planned, and with great economy of words succeeds in giving vivid pictures of the far-reaching and vastly important pieces of work undertaken by the Organisation. We quote the scheme of work adopted by the Commission on Public Health Training:

"Its aim: to determine what factors, derived from public health instruction, can best conduce to the improvement of human well-being, and not to make any claim to judge of the merits of the different systems of public health instruction employed at universities. Its method: not to direct its enquiries towards ascertaining the intrinsic value of university programmes, still less the merits of the persons responsible for carrying them out, but to analyse the results obtained from the different types of public health instruction, their influence upon medical education, and their practical effect on the public in general, by carrying out personal and first-hand enquiries in an impartial and scientific spirit, such as will enable all university authorities and administrations to realize the high aims of the mission which has been undertaken."

The bulletin published by the public health nurses of Minnesota has blossomed out into a small magazine with a most effective cover in orange and black, a board of editors, good material, an' everythin'. We congratulate the Minnesota S.O.P.H.N. on *The Minnesota Public Health Nurse*, Volume I, Number 1, and wish the S.O.P.H.N. and the magazine all the success that appears to be already assured to them. Miss Lola Yerkes, R.N., is the editor.

We have just received the first number of the *Bulletin of A.S.O.P.H.N.*, issued by the Arkansas State Organization of Public Health Nursing. Very taking in its green and black cover, and full of interesting "bits," which follow admirably the suggestions, given in this initial number by a newspaper woman, for the form and content of the material to be published. Our congratulations and good wishes to the Arkansas public health nurses.

A new periodical was added to public health nursing literature when the Icelandic Nursing Association instituted, June, 1925, a publication called *Timarit* to be devoted to its affairs. It is printed in the Icelandic language and its editor is Miss Sigridur Eirikss.

The official magazine of the National Federation of Belgian Nurses, of which three issues appeared in 1925, was not issued for several subsequent months for various reasons, but appeared again in January this year and will in the future be published every two months, in a French and a Flemish edition. The address of the Editors is De Jonckerstraat, 47, Brussels.

The Trained Nurses' Association in India with which is incorporated the Health Visitors' League and the Midwives' Union has recently issued a *Handbook* which gives the history and development of the Association and well arranged chapters on the remarkable variety of nursing interests in India—missionary boards, military nursing service, midwives' board, Red Cross, etc.

The chapter on public health work records the steady progress nurses are making all over India in infant and child welfare work. The Lady Chelmsford League has established a Health School in Delhi for this special work. Candidates may be European, Anglo-Indian or Indian and must be fully trained midwives with some nursing training. Three years nurse training as a qualification for this course is the aim.

Other Health Schools are established in Punjab and Madras, another will be opened in Calcutta.

A chapter of advice for travellers in India during long journeys advises against any water being drunk on trains; tea, however, can always be obtained. Bedding must be carried and mosquito nets are advised. Solar tepees to be worn when getting in and out of trains. It is interesting to learn that nurses are allowed to travel on most of the Indian lines at concession rates—about half fare.

The *Handbook* presents an excellent picture of the important and growing activities of the Trained Nurses' Association in India, one of the affiliated members of the International Council of Nurses.

Ha-Ishah, the first women's periodical published in Palestine, has made its initial appearance in America. It is a monthly magazine in Hebrew, devoted to the life and activities of women in Palestine, and is published jointly by the Histadrut Nashim Ibriot in Palestine and Hadassah, the woman's Zionist organization in America. The idea back of the publication has been to organize thoroughly the women of Palestine and keep, at the same time, the Zionist women in America in touch with the Jewish women's work in Palestine through the common language, the Hebrew tongue. The periodical is edited in America by a committee of five on which is represented Miss Sophie Berger, Executive Member of the Palestine Orphan Committee.

The first issues of the new *Bulletin on the Peruvian Child* published by the recently established Children's Bureau of Peru, tell

of new child welfare measures in that country. The President of the Republic recently issued a decree ordering the establishment of day nurseries on all estates employing at least 25 women farm workers. A school for the training of child hygiene workers, with a four months' course, was established in August. Upon graduation the students will enter the employ of the Peruvian Children's Bureau.

The East Harlem Nursing and Health Demonstration has recently prepared and published a report on *The Cost of a Program of Health Activities with Special Emphasis on Public Health Nursing.* This is a unique study and analysis of costs of various nursing and health activities covering the calendar year 1925. It is based upon the actual time spent in each activity rather than upon the number of visits alone, and some striking facts are brought out by the analysis which should be not only of great interest but of value to organizations striving to make effective use of their resources. It is illustrated by numerous charts and graphs. Copies may be obtained from the East Harlem Nursing and Health Demonstration, 354 East 116th Street, New York City.

Your Child—Addressed to Fathers and Mothers—is a publication of the Infant Welfare Society of Minneapolis. It was prepared to "interest parents in the problems that arise in the care of their children" and emphasizes the fact that fathers should share the responsibility of training their children. Admirably arranged it seems to us, with all manner of shrewd observations and suggestions—just what many of us have longed to say to the parents of our nephews and nieces.

The Fundamental Rules of Discipline as given here are:

When you refuse, refuse finally
When you consent, consent gladly
When you punish, punish good-naturedly
Praise often
Scold never.

We reproduce one of the delightful illustrations.

Copies of the pamphlet may be obtained from the Infant Welfare Society of Minneapolis, 414 South Eighth Street, Minneapolis, at 15 cents per copy; special rates for larger quantities.

Among the laws relating to children in need of special care, passed by state legislatures in 1925, are the following:

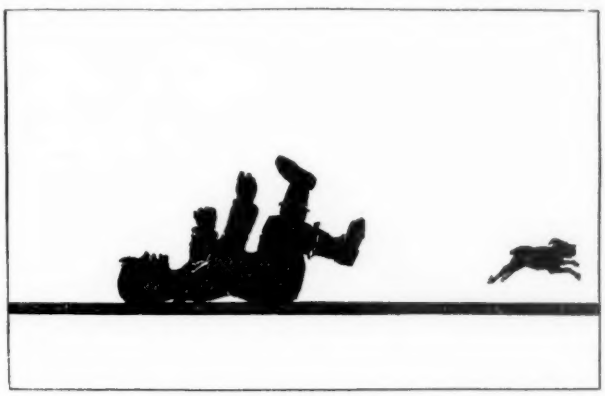
Under an amendment to the Minnesota mothers pension law, allowance is now available for a child under sixteen who is legally entitled to an employment permit, providing such child is regularly attending school or through physical or mental disability is unable to work.

Colorado requires mothers to nurse their babies while in maternity hospitals unless physically unable to do so.

Tennessee has authorized the State Department of Institutions to provide care, treatment and education for crippled children of the state whose parents or guardians through neglect or financial inability fail to provide such care.

Delaware has authorized the State Board of Education to provide for blind babies of the state and blind children too young or too backward to enter schools for the blind, and authorizes an appropriation for the purpose.—*Child Welfare News Summary.*

Child Labor in Fruit and Hop Growing Districts of the Northern Pacific Coast is a recent publication of the Children's Bureau. Previous studies of children's work on truck and small fruit farms of the Atlantic Coast in Maryland, New Jersey and Virginia have been made by the Bureau. This report covers the living conditions, kinds of work, hours, duration of employment, earnings, and school attendance of



Tantrums—Illustration in "Your Child"

nearly 2,000 local and migratory child workers in the fruit and hop growing districts.

Another recent publication of the Children's Bureau is *Psychoclinical Guidance in Child Adoption* by Arnold Gesell, M.D.

What Builds Babies is also a recent Children's Bureau publication—Bureau Folder No. 4, 1925. The importance of diet during pregnancy is emphasized and sample menus are given.

Recent publications of the Metropolitan Life Insurance Company are:

Diabetes
Your Friend the Nurse
Artificial Respiration
Overweight

Leaflets for school use:

Protect Your Child from Diphtheria
The Prize Winner
Train Ticket to No Diphtheria Town

The M.L.I. is also publishing an illustrated *Health Hero Series.* The first of the series are the lives of Louis Pasteur and Edward Livingston Trudeau.

New Ways for Old is a one-reel historical film showing the progress in prevention of diphtheria recently prepared by the Metropolitan Life Insurance Company. It can be ordered from the Welfare Division of the M.L.I., free except for cost of transportation.

The New Hampshire State Board of Health has recently issued an excellent leaflet, "Routine for a Children's Health Conference."

Recent U. S. Public Health Service Reports:

Vol. 41, No. 4, January 22, 1926—A Study of Sickness Among 133,000 Industrial Employees.

Vol. 41, No. 9, February 26, 1926—A Community Health Program and Plan of a City Health Department.

Vol. 41, No. 13, March 26, 1926—Relation of Endemic Goiter to Potential Foci of Infection.

Vol. 41, No. 14, April 2, 1926—Some Community Responsibilities of Hospitals.

Vol. 41, No. 19, April 9, 1926—Qualifications and Duties of a Public Health Nurse, by J. G. Townsend, M.D.

Foods and Nutrition, by Mary E. Spencer, is a recent publication of the National Catholic Welfare Council. This excellent pamphlet can be obtained from the National Catholic Welfare Council, 1312 Massachusetts Avenue, N. W., Washington, D. C.

The National Safety Council has prepared some simple plays for children, in which the dangers of carelessness in such matters as crossing streets and handling fire are entertainingly set forth. Copies may be obtained at 25 cents each from the Education Division of the National Safety Council, 120 West 42nd Street, New York.

Infantile Paralysis—A Message to Parents and Teachers, prepared by the Committee on After-Care and Study of Infantile Paralysis, is published as an instructive pamphlet by the Visiting Nurse Association of Chicago. Very simple, succinct and impressive.

A CHILD-LABOR GARDEN OF VERSES

Looking Forward

When I am grown to man's estate,
I shall be very proud and great,
And I'll be through with work and noise
And get a rest and play with toys.

Rain

The dust is raining all around
On the machinery;
It rains on all the fan-belts here
And on my friends and me.

The Land of Factory Pain

When I was sick and my nose bled,
I had a plank beneath my head;
The foreman came there where I fell.
And all he said was: "What the hell!"

Edmund J. Kiefer in Life.

The *Manual of Public Health Nursing* prepared by the N.O.P.H.N. and published by the Macmillan Company, New York City, can be ordered either through the Macmillan Company or through the N.O.P.H.N., 370 Seventh Avenue. Price postpaid, $1.10.

Replying to the definition of a specialist given in our last number as one who knows more and more about less and less, another eminent member suggests:

"A generalist is one who knows less and less about more and more."

NEWS NOTES

The booth in the exhibits of the Health Congress at Atlantic City occupied by the International Council of Nurses with its impressive map showing the affiliated organizations created much interest. Miss Alice Fitzgerald, who has recently visited the Secretary, Miss Christiane Reimann, at the office in Geneva informs us that Miss Reimann told her that they had already established communication with *sixty* countries. We learned from Dr. René Sand that the recognized nations of the world are sixty-eight. We consider this an extraordinary achievement in the few months since the Helsingfors Congress.

A number of subscriptions to *The I.C.N.* were taken and we again call attention to this admirably edited quarterly magazine, bringing to us as no other publication does, the activities and achievements of our sister nurses in all parts of the world. The yearly subscription, we repeat, is $1.00. 1 Place du Lac, Geneva, Switzerland.

Dame Rachel Crowdy has been a visitor to the United States during the past month and has been received by American health and social organizations with pleasure and honor. She has spoken at a number of conferences and at meetings specially arranged for the purpose, where her message and opinion, especially on matters pertaining to international aspects of social work, have been heard with appropriate interest. Dame Crowdy holds now, in addition to her already great honors for accomplishments in the field of nursing, the position of Chief of the Division of Social Questions of the League of Nations.

Another distinguished visitor of the past month has been Miss Cora Simpson, General Secretary of the Nurses' Association of China. Miss Simpson's presence is interesting in the light of the fact that the 1929 meeting of the International Council of Nurses is to be held in Peking. Coincident with her visit we have received a copy of her book, *A Joy Ride Through China for the N.A.C.*, which is an exposition, interspersed with dramatic episodes, of the Chinese Association and its work.

Miss Simpson attended the Atlantic City Convention and at one of the General Sessions spoke of the welcome China is preparing for the nurses expected in 1929. One of the conveniences for the visitors to which Miss Simpson quite casually alluded is a university, which is being built for their accommodation. She gave an entrancing picture of the "little shops" offering such fascinating objects as jade, ivory, peacocks and other glamorous trifles. Rickshaws at one's personal disposal at about a dollar a week. Dr. George Vincent, speaking later, added from his personal experience several other attractions and said "if we stay away from Atlantic City for the next three years we will save plenty to go to Peking."

Miss Elizabeth Fox sailed for England June 26 to attend the meetings of the Nursing Advisory Board of the League of Red Cross Societies. This year the meeting will take place in the new home of the International Students at 15 Manchester Square, which was opened in June, 1925, and which was given notice in the December, 1925, issue of THE PUBLIC HEALTH NURSE.

The nurses' contribution to the Sesquicentennial Exhibit will take the form of a pictorial elucidation of the nursng profession designed to give onlookers a comprehensive notion of its phases, scope and requirements. Comprising the first two units of the exhibition is a painted wooded frieze with figures. In the center stands the hospital with adequate illustration of the nurse's training from student to graduate and on to finished executive, and from the hospital radiates the entire field of nursing, Red Cross, industrial, visiting, teaching, county—every phase. It is so arranged as to take the lay as well as the professional eye. The third unit will be devoted exclusively to public health nursing, showing the map drafted by the N.O.P.H.N. of the distribution of public health nurses, and periodicals devoted to public health work from all parts of the world.

The Fifth Conference of the International Union Against Tuberculosis will be held in Washington, D. C., from September 29 to October 2. A program will be published in a later issue of THE PUBLIC HEALTH NURSE.

The May meeting of the New England Industrial Nurses' Association was held in Boston on May 8, 1926. There were forty-nine members present. Through the coöperation of the members $127 was raised to help defray the expenses of the delegates from the Association to the Health Congress at Atlantic City. It was voted that the Association, being the oldest of industrial nurses' associations, write a letter of greeting to be carried by the delegates to the Industrial Nurses' Section.

In response to numerous requests a course for the training of teachers of sight-saving

NEWS NOTES—Continued

classes will be given this year at the University of Cincinnati summer session. A new course in advanced eye work will also be offered, likewise by special request. The classes will open on June 21 and continue for six weeks, meeting daily throughout the period.

The following nurses have been appointed to summer work with the International Grenfell Association in Labrador: Miss Hazel Bratton, Virden, Illinois; Miss Gunhild Johnson, Decatur, Illinois; Miss Dorothy Skewes, St. Cloud, Minnesota; Miss Mildred Deebach, Austin, Minnesota.

Another series of awards relating to public health work has been offered by the *Survey Magazine* in addition to those already announced in the June issue of THE PUBLIC HEALTH NURSE. They are as follows:

An award of $1,000 and medal to the individual who, in the opinion of the judges, has been responsible, during the calendar year 1926, for the creation, introduction or development of the most distinctive contribution to social, civic, or industrial welfare. Not the magnitude of the accomplishment or immediate results to be expected will be considered in making the award, but its potentiality as a leavening effect on our American life. Address Jury, Harmon-Survey Award 1, care of the Survey Associates, 112 East 19th Street, New York City.

An award of $500 to the author of the article appearing in any American periodical or newspaper in 1926 which, in the opinion of the judges, makes the most distinctive contribution of the year to social or industrial welfare in the United States. To be considered for award, articles must be submitted by the author, editor or other interested person in their printed form, and must reach the jury prior to December 30, 1926. Address Jury, Harmon-Survey Award 2, care of Harmon Foundation, Room 710, 140 Nassau Street, New York City.

Miss Miriam Ames, late Director of the Albany Guild for Public Health Nursing, has been appointed assistant to Miss Sophie Nelson, Director of the Nursing Service of the John Hancock Life Insurance Company.

Miss Olive Meyer, at present Field Representative of the American Red Cross for New Jersey, has accepted the position of Director of Nursing for the Child Health Demonstration, Rutherford County, Murfreesboro, Illinois.

Miss Beulah Gould has been accepted for the position of assistant to Miss Alice Fitzgerald who will organize a School of Nursing in Siam under the Rockefeller Foundation. Miss Gould will probably sail in August.

The interesting experiment of using a Chippewa Indian trained in public health work to serve her own tribe as a public health nurse is attracting wide attention. The American Child Health Association and the State Department of Health of Minnesota out of a joint fund are now maintaining two such nurses. This note is written with the hope that Indian women with training as nurses who are willing to do public health work may register with the N.O.P.H.N., giving their name, age, name of training school, any additional educational opportunities they may have had and some indication of their willingness to fit themselves better for public health nursing. A well trained Chippewa Indian nurse could be placed immediately.

The first annual child health institute of the city of Detroit was held in June. The undertaking comes as the result of the cooperation of a number of health associations, the Board of Education, the Visiting Nurses' Association, the local chapter of the Red Cross, the Merrill-Palmer School, the Visiting Housekeepers' Association, and the Department of Health. A program of lectures on pre-natal care, infant care, health habits, nutrition, behavior problems, and recreation has been arranged.

INTERNATIONAL NEWS NOTES

A National Memorial to the late Queen Alexandra is being planned throughout the British Isles in the form of a fund to be used for the benefit of the Queen Victoria Jubilee Institute Nurses. The drive was opened formally in February at a meeting at the Mansion House at which the Lord Mayor presided. Recent reports state that over a million pounds have been raised.

Part of the sum is to be used as an endowment for the Institute and part as a pension fund for nurses who have retired. Queen Alexandra's lifelong interest in welfare undertakings makes it most appropriate that such a benevolence should bear her name.

The new building of the British College of Nursing was opened Monday, May 31, by the Queen. THE PUBLIC HEALTH NURSE hopes later to be able to publish a description of the building, which is in Henrietta Street, Cavendish Square, London, adjoining the beautiful Cowdray Club.

In the near future a Polish graduate nurse is to be appointed to serve as a member of the General Public Health Service, as Vice-Minister in the Ministry of the Interior of Poland. It is expected that the nurse appointed will be responsible for the work of coördinating all the various nursing activities. Under her supervision will be all the hospital training schools, all the public health nursing activities, all short courses and state examinations.

NEWS NOTES—Continued

It is the custom in Switzerland at the Annual Fête, held August 1 in commemoration of the founding of the Swiss Federation, to have special material printed for the occasion and to devote the proceeds of the sale to a national purpose. This year the committee in charge has decided that in 1927 the benefits derived shall be given the Swiss Nurses' Association for its fund for sick and disabled members.

On February 15 the new Nurses' Home of the Red Cross Hospital in Rome was officially opened. Among the forty-one nurses now residing there, are at present thirteen third year students who are specializing in public health nursing.

In order to have the benefit of a large exhibition dealing with matters of hygiene, social work and physical training to be held in Dusseldorf, Germany, from May until October, the German Nurses' Association held its convention in that city June 10. Oberin Marie Cauer, formerly of San Remo, Italy, now of Stuttgart, addressed the meeting on *How to Interest Well Educated Young Women in Nursing*, and Sister Marie Jessen, social worker of Auerbach, spoke on *Nursing and Social Work*. Nurses visiting in Germany this summer will find the exhibition worth while.

The *Irish Nursing News* reprints an address on *Nursing Opportunities* which was delivered by Surgeon D. Kennedy, St. Vincent's Hospital, Dublin, at the second Annual Meeting of the Irish Guild of Catholic Nurses this year, in which he criticized the present paucity of the financial remuneration attached to the profession in Ireland as contrasted with other modern countries and stated that if "nursing opportunities" there are to become what they really should be, nurses will have to act as an organized body. The proposed law for state registration of nurses should give the Irish nurses the necessary solidarity of influence to bring about more fitting conditions for themselves.

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